FEC FORM 2 STATEMENT OF CANDIDACY

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_								
1.	(a) Name of Candidate (in full)				F	FC M	 Λ Ιι	CENTER
	Robert Dean Conaway			10.1	<u>'</u> ,		AIL	CENIE
	(b) Address (number and street) 22269 Miramot Road	✓ Check if address changed		2. Identification I C0056065		.*		•
	(c) City, State, and ZIP Code			3. Is This	New		ΓÌ	Amended
	Apple Valley CA 92308			Statement	√ (N)	OR	Ш	(A)
4.	Party Affiliation	5. Office Sought	1	rict of Candidate				
	Democrat	House of Representatives	CA (08)					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following nar	med political committee as my Principal (Campaign Comn		2014 r of election	_ election	(s).	
	NOTE: This designation should be f	filed with the appropriate office listed in the	ne instructions.	()		,		
	(a) Name of Committee (in full)							
	Committee to Elect	Robert Conaway	-		•			
	(b) Address (number and street)	<u> </u>						
	12127 Mall Blvd Su	ite A 363						
	(c) City, State, and ZIP Code							
	Victorville CA 923	92						
	DE	SIGNATION OF OTHER AU	THORIZED	COMMITTEE	S			
		(Including Joint Fundraisin	g Representativ	es)				
8.	I hereby authorize the following nan	ned committee, which is NOT my princip	al campaign con	nmittee, to receive	and expen	d funds o	n beh	alf of my
	candidacy.							
	NOTE: This designation should be f	filed with the principal campaign committe	ee.					
	(a) Name of Committee (in full)		<u>.</u>			_		
						•		
_	(b) Address (number and street)				· · · · · · · · · · · · · · · · · · ·			
	,							
_	(a) City State and 71D Code				·			
	(c) City, State, and ZIP Code		·					
	I certify that I have exa	mined Mis Statement and to the best of	my knowledge a	nd belief it is true,	correct and	l complete	9.	
Si	ignature of Candidat			Date		·		···
	(1.1871)				0//0/	0044		
	I Meny 20				8/10/	2014		
	_/						_	
N	OTE: Submission of false, erroneous,	, or incomplete information may subject t	he person signin	ng this Statement t	o penalties	of 2 U.S.(C. §4:	37g.
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FEC MAIL CENTER

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COUNTRY

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