

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED

2011 SEP 21 AM 11:27

1. (a) Name of Candidate (in full) ALBERT MORZUCH (nmn)		FEC MAIL CENTER	
(b) Address (number and street) <input type="checkbox"/> Check if address changed 127 STEVEN DR		2. Candidate's FEC Identification Number APPLYING FOR	
(c) City, State, and ZIP Code INTERLACHEN FL 32148		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation INDEPENDENT	5. Office Sought PRESIDENT	6. State & District of Candidate FLORIDA 3RD DISTRICT	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2012** election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) ALBERT MORZUCH FOR PRESIDENT
(b) Address (number and street) 127 STEVEN DR
(c) City, State, and ZIP Code INTERLACHEN FL 32148

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) ALBERT MORZUCH 2012
(b) Address (number and street) 127 STEVEN DR
(c) City, State, and ZIP Code INTERLACHEN FL 32148

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Albert Morzuch	Date 16 SEP 11
---	--------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

11030663329

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 9/16/11
---	-----------------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

☐ Postmark Illegible

☐ No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

AMP
PREPARER

9/21/11
DATE PREPARED