

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2015 JUL -6 AM 10:21

1. (a) Name of Candidate (in full)  
Dr. Damian Stone

(b) Address (number and street)  Check if address changed  
5349 Dittany Court

(c) City, State, and ZIP Code  
Land O Lakes Florida 34639

2. Candidate's FEC Identification Number

3. Is This Statement  New (N) OR  Amended (A)

4. Party Affiliation Independent 5. Office Sought United States President 6. State & District of Candidate Florida / The United States of America

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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)  
The Dr. Damian Stone Presidential Election Campaign Committee

(b) Address (number and street)  
1853 Gunn Highway

(c) City, State, and ZIP Code  
Tampa Florida 33626

**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)  
N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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 Dr. Damian Stone Date 06/13/2015

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

656							
7/6							

FEC FORM 2 (REV. 02/2009)



POLLIE LEE FLORENCE  
 NOTARY PUBLIC  
 STATE OF FLORIDA  
 Comm# EE214426  
 Expires 7/15/2016

Pollie Lee Florence  
06-13-2015

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.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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PREPARER  
(3/2015)

*MP*

7/6/15  
DATE PREPARED

1-800-438-8035