## 12030752363

## FEC FORM 2

## **STATEMENT OF CANDIDACY**

RECEIVED

(a) Name of Candidate (in full)  MICHAEL CRIMMINS  (b) Address (number and street)  CRIMMINS FOR CONGRESS POBOX 702/6  SAND IEGO  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the Principal Campaign Committee (in full)  CRIMMINS FOR CONGRESS  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the Principal Campaign Cammittee (in full)  CRIMMINS FOR CONGRESS  (b) Address (number and street)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (notuding Joint Fundratising Representatives)  3. Is This Statement of Cambridge CA SAND PLEGO CA 92/67  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEES  (notuding Joint Fundratising Representatives)  3. Is This Statement of Cambridge CA SAND PLEGO CA 92/67  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (notuding Joint Fundratising Representatives)  3. 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)  (b) Address (number and street)  (c) City, State, and ZIP Code  I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date  3. Is This designation should be filed with the principal campaign committee.  Date  3. Is This designation should be filed with the principal campaign committee.  Date  3. I have been a district of Candidate  3. Is This designation should be filed with the principal campaign committee.  Date  3. I have been a district of Candidate  3. Is This district of Candidate  CA - 57  CA -	1. (a) Name of Candidate (in full)  MICHAEL CRIMMINS  (Deach if address changed  CRIMMINS  (Deach if address changed  CRIMMINS  (PON GRESS  PON A 702/6  3. Is This Statement (N) OR Amended  Statement (N) OR Amended  Statement (N) OR Amended  Amended  Sand Diego CR 92/67  Party Affiliation  Solfies Sought  Solfies Sought  Solfies Sought  Be State & District of Candidate  CA - 5/  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the 20/Z (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  CRIMMINS FOR CONGRESS  (b) Address (number and street)  PONGRESS  (notuding 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, 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)  (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  Date		2012 MAR - 7 AM 9: 11L
CRIMMINS FOR CONGRESS PO BOX 702/6  (c) City, State, and ZIP Code  SAN DIEGO  CA 92/67  4. Party Affiliation  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 20/2 (year of election(s).  NOTE: This designation should be filled with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  CRIMMINS FOR CONGRESS  (including Joint Fundraising Representatives)  B. 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 filled with the principal campaign committee.  COMMITTEES  (including Joint Fundraising Representatives)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (including Joint Fundraising Representatives)  NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filled with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  COMMITTEES  (including Joint Fundraising Representatives)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (including Joint Fundraising Representatives)  (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  Date  O3 - O3 - ZO /Z	CRIMMINS FOR CONGRESS PO BOX 702/6  (C) City State, and ZIP Code SAN DIEGO CA 92/67  4. Party Affiliation S. Office Sought REPUBLIC AN ESCANTATIVE DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the 20/Z (year of election)(s).  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  CRIMMINS FOR CONGRESS  (b) Address (number and street)  POROX 702/6  (c) City, State, and ZIP Code  SAN DIEGO CA 92/67  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing 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, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidacy.  (a) Name of Committee (in full)  (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  Date  O3 - O3 - 20 / Z	1. (a) Name of Candidate (in full)	COLSTINIC / HIJ 3- U4
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(c) City, State, and ZIP Code  SAU DIEGO  (A 92167  4. Parry Affiliation  REPUBLICAN  REPRESENTATIVE  S. Office Sought  REPUBLICAN  REPRESENTATIVE  B. State & District of Candidate  CA - 5/  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the  CINTER This designation should be filled with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  CRIMATIUS FOR CONGRESS  (b) Address (number and street)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundratising Representatives)  B. 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 filled with the principal campaign committee.  (a) Name of Committee (in full)  (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  Date  O3 - O3 - ZO / Z	(c) City, State, and ZIP Code  SALL PEGO SALL PEGO S. Office Sought REPUBLIC AN REPRESENTATIVE B. State & District of Candidate REPUBLIC AN REPRESENTATIVE CA-5/  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the 20/2 (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  CRIMINS FOR CONGRESS  (b) Address (number and street)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (notuding 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)  (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  Date  O3-03-20/Z		2. Candidate's FEC Identification Number - 14 1 Lift
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Signature of Candidate  Michael Cimmin 03-03-2012	Signature of Candidate  Michael Crimina  03-03-2012	(c) City, State, and ZIP Code	
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		michael Cumin	03-03-20/2
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received.		
Hand Delivered	Date of Receipt	
USPS First Class Mail	Postmarked 3/2/1)	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked	
Delivery Confirmation™ or Signature Confirmation	ation™ Label	
USPS Express Mail	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Business	Day Delivery	
Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	ceipt or Postmarked	
h	3/1/2	
(3/2005)	DATE PREPARED	