

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) James Kelly Lange		
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. Box 387		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code Lutz, FL 33548		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation DEM	5. Office Sought House	6. State & District of Candidate FL 15

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.

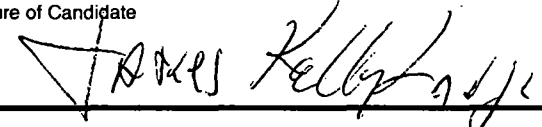
(a) Name of Committee (in full) Jim Lange for Congress
(b) Address (number and street) P.O. Box 387
(c) City, State, and ZIP Code Lutz, FL 33548

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)
(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 1/25/16
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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PHONE: 413, 105-1159

18104 DEAN GROVE PI
LUTZ, FL 33518

PAYMENT BY ACCOUNT (if applicable)

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Federal Election Commission
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1/27/2016
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PREPARER

MP

(3/2015)

20160127 10:00:00 AM