

FEC FORM 2

STATEMENT OF CANDIDACY

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2015 APR 14 AM 7:44

1. (a) Name of Candidate (in full)

Daniel Parra

(b) Address (number and street)

1011 Ahronian Ave.

Check if address changed

2. Candidate's FEC Identification Number

(c) City, State, and ZIP Code

Fowler CA 93625

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

4. Party Affiliation

Democratic Party

5. Office Sought

House

6. State & District of Candidate

CA 21

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)

Daniel Parra for Congress 2016

(b) Address (number and street)

5429 Madison Ave.

(c) City, State, and ZIP Code

Sacramento CA 95841

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)

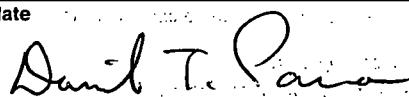
(b) Address (number and street)

(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

Daniel Parra



Date

04/02/2015

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

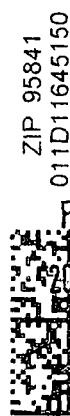
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FEC FORM 2 (REV. 02/2009)

River City Business Services
5429 Madison Avenue
Sacramento, CA 95841

SACRAMENTO
CA 957
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FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON, DC 20463

20463

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.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	4/14/15 DATE PREPARED

100-14-2410