

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

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|                                                                    |                                          |                                                                                                          |                                          |
|--------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>ED TAUTIVA</b>            |                                          |                                                                                                          | 2. Candidate's FEC Identification Number |
| (b) Address (number and street)<br><b>4307 MARINERS COVE Drive</b> |                                          | <input type="checkbox"/> Check if address changed                                                        |                                          |
| (c) City, State, and ZIP Code<br><b>WELLINGTON FLORIDA 33449</b>   |                                          | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |                                          |
| 4. Party Affiliation<br><b>DEMOCRAT</b>                            | 5. Office Sought<br><b>U.S. CONGRESS</b> | 6. State & District of Candidate<br><b>FLORIDA 16<sup>th</sup> DISTRICT</b>                              |                                          |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)<br><b>ED TAUTIVA FOR CONGRESS Committee</b> |
| (b) Address (number and street)<br><b>PO Box 210696</b>                     |
| (c) City, State, and ZIP Code<br><b>Royal Palm Beach, FLORIDA 33421</b>     |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

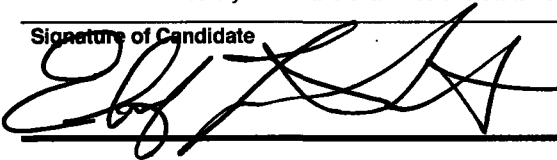
(Including Joint Fundraising Representatives)

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)<br><b>N/A</b> |
| (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<br> | Date<br><b>5/1/10</b> |
|--------------------------------------------------------------------------------------------------------------|-----------------------|

**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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2010 APR 30 AM 9:45

DEPARTMENT OF STATE  
DIVISION OF ELECTIONS

**FEDERAL CANDIDATE OATH  
CANDIDATE WITH PARTY AFFILIATION**

STATE OF FLORIDA  
COUNTY OF Palm Beach

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Ed Tautiva  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of U.S. House of Representatives, District 16; I am qualified  
(office) (district)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek.

**STATEMENT OF PARTY**

(Section 99.021, Florida Statutes)

I am a member of the Democratic Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

[Signature] (561) 644-1812 eduardo@tautiva.com  
Signature of Candidate Telephone Number Email Address

4307 Mariners cove Drive Wellington Florida 33449  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 29 day of April, 2010.

Personally Known: \_\_\_\_\_ or

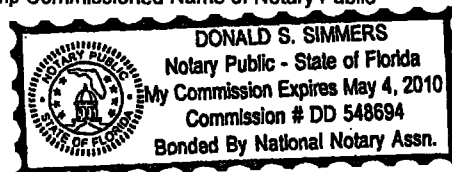
Produced Identification: X

Type of Identification Produced:

FLDC

[Signature]  
Signature of Notary Public — State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



10030321434

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.

☐ Hand Delivered Date of Receipt

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☐ Postmark Illegible

☐ No Postmark

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*5/3/10*  
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): Date of Receipt or Postmarked

*EL*

PREPARER

(3/2005)

*5/4/10*

DATE PREPARED

10030321435