FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Dr. Craig Ashley Jackson Jr.									
	(b) Address (number and street) 143 Brookshire Plaza	☐ Check if address changed				Candidate's FEC Identification Number P60017977				
	(c) City, State, and ZIP Code					3. Is This	lew		Amended	
	Philadelphia	PA 19116				Statement (I	N) OR	×	(A)	
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate				
	AMERICAN INDEPENDENT PA	President	ial							
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) CJ JACKSON FOR PRESIDENT										
	(b) Address (number and street) 143 BROOKSHIRE PLAZA									
	(c) City, State, and ZIP Code									
	PHILADELPHIA				PA	19116				
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			-		
Dr. Craig Jackson				[Elec	ctronically Filed]	03/03/2016				
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)