

Image# 201508289001585502

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Chelenie Howard		
(b) Address (number and street) 144 Floss avenue		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Buffalo NY 14215		2. Candidate's FEC Identification Number P60013620
4. Party Affiliation OTHER		5. Office Sought Presidential
		6. State & District of Candidate
3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		

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) Chelenie?s Self community		
(b) Address (number and street) 144 Floss avenue		
(c) City, State, and ZIP Code Buffalo NY 14215		

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 Miss Chelenie Michele Howard	Date 08/28/2015
<i>[Electronically Filed]</i>	

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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Form/Schedule: F2N

Transaction ID :

2016 Special Election.

Form/Schedule:

Transaction ID: