

Image# 14960803508

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) NICHOLAS III RUIZ			2. Candidate's FEC Identification Number H0FL24171	
(b) Address (number and street) PO BOX 1372		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code NEW SMYRNA BEACH FL 32170		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation Dem	5. Office Sought House	6. State & District of Candidate FL 09		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) NICHOLAS RUIZ III FOR CONGRESS		
(b) Address (number and street) PO BOX 1372		
(c) City, State, and ZIP Code NEW SMYRNA BEACH FL 32170		

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) NICHOLAS RUIZ III FOR CONGRESS		
(b) Address (number and street) PO BOX 1372		
(c) City, State, and ZIP Code NEW SMYRNA BEACH FL 32170		

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 NICHOLAS III RUIZ <i>[Electronically Filed]</i>	Date 04/16/2014
--	--------------------

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

--	--	--	--	--	--	--	--	--