

For help completing Form 2, please double-click the  icon next to each line number.

FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED

1. (a) Name of Candidate (in full) CANDACE DUVAL		2012 JAN 30 AM 10:44		
(b) Address (number and street) 2206 TRAILSIDE DR. #202		<input type="checkbox"/> Check if address changed	2. Identification Number DUVAL CANDACE	
(c) City, State, and ZIP Code AUSTIN, TX 78704			3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRAT	5. Office Sought HOUSE	6. State & District of Candidate TX - 21		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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)

CANDACE DUVAL FOR CONGRESS

(b) Address (number and street)

2206 TRAILSIDE DR. #202

(c) City, State, and ZIP Code

AUSTIN, TX 78704

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)

FRIENDS OF CANDACE DUVAL

(b) Address (number and street)

6209B ADALEE AVE.

(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

1/23/2012

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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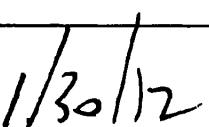
FEC FORM 2 (REV. 12/2008)

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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.

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<input type="checkbox"/>	USPS Express Mail	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
		
PREPARER (3/2005)	DATE PREPARED	

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