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FEC FORM 2 STATEMENT OF CANDIDACY

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(b) Address (number and street) □ Check if address changed 2. Candidate's FEC lidentification Num 127 WGST FATRARAWES AVE # 4/32. 3. Is This 3. Is This (c) City, Site, and ZIP Code 3. Is This Statement X (N) OR Derive Minimic 5. Office Sought 6. State & District of Candidate REP DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. Interestly designate the following named political committee as my Principal Campaign Committee for the 2012 (year of officion) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) KARED DEBRE FOR CONSERSS ZOIZ (b) Address (number and street) 12.7 WEST FATRAAWS AVE ± USZ (c) City, State, and ZIP Code WENTR PALK, FL 3.2.78% DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundralising Representatives) 3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds of candidacy. NDTE: This designation should be filed with the principal campaign committee. (c) City, State, and ZIP Code (d) Address (number and street) (o) City, State, and ZIP Code (e) City, State, and ZIP Code I cortify that I have examined this Statem	# 432 3. is This Statement X New OR Amended Statement X New OR (A) Sought 6. State & District of Candidate FL - 2 6 TION OF PRINCIPAL CAMPAIGN COMMITTEE al committee as my Principal Campaign Committee for the 2012 election(s). (year of election) e appropriate office listed in the instructions. CONÉRESS 2012 45 AVE ± 492 2785 TION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) ttee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my e principal campaign committee. Statement and to the best of my knowledge and belief It is true, correct and complete. Date Multi Information mey subject the person signing this Statement to penalties of 2 U.S.C. §437g. Florence (REV. 02/2000)	(b) Address (number and street) IC Hook III address changed 2 Candidates FEC Identification Number (c) NG Step, and ZIP Code 3: Is This Amended Statement X (N) OR (A) Park Attain S. Office Sought 5: State & Distrement X (N) OR Park Attain S. Office Sought 5: State & Distrement X (N) OR (A) Park Attain S. Office Sought S. State & Distrement X (N) OR (A) Park Attain S. Office Sought S. State & Distrement X (N) OR (A) Park Attain S. Office Sought S. State & Distrement X (N) OR (A) Park Attain S. Office Sought S. State & Distrement X (N) OR (A) Park Attain S. Office Sought S. State & Distrement X (N) OR (A) Park Attain C. Office Sought S. State & Distrement X (N) OR (A) Park Attain C. Office Sought S. State & Distrement X (N) OR (A) I hereby designation should be filed with the appropriate office listed in the instructions. (I) (I) (I) (I) (I) (I) (I) (I)	1. (a) Name of Candidate (in full)							
(c) City, State, and ZP Code 3. is This New Sum Zhitz, PAAK, FL 32783 State & District of Candidate REP HoSE FL - 26 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE Any Milliam A horse of Candidate BEP HoSE FL - 26 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 gear of election; NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) KAREN DIFERE For CONGRESS 2012 (b) Address (number and street) I 27 WEST FAIRBANKS AVE ± USZ (c) City, State, and ZIP Code WINNER PARK, FL 372785 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralising Representatives) 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 (c) City, State, and ZIP Code<	a a. Is This Statement X (N) OR (A) Sought 6. State & District of Candidate FL - 2 6 FL - 2 6 TION OF PRINCIPAL CAMPAIGN COMMITTEE al committee as my Principal Campaign Committee for the 2012 (year of election) a expropriate office listed in the instructions. CONIGRESS 2012 CS AVE ± 482 Z 789 TION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) Itee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my a principal campaign committee. Statement and to the best of my knowledge and belief it is true, correct and complete. Date Juic I Zol 1 M Date Juic I Zol 1 FEC FORM 2 (REV. 02/200	(c) (C) Ky State, and ZIP Code 3. B This Statement. X (N) OR Amended State & Dark (FL 32 78) State & Darker of Candidate B. State & Darker of Candidate (A) Park Mitiation S. State & Darker of Candidate FL - 2.6 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election) election(s). (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) election(s). (year of election) (b) Natries (fourmber and street) 12 7 WEST FATRBANKS AVE # 482 (c) Chy, State, and 2IP Code Election(a) ionic Functioning Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expand funds on behalf of my candidary. NOTE: This designation should be filed with the principal campaign committee. (a) Address (number and street) 1 hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expand funds on behalf of my candidary. NOTE: This designation should be filed with the principal campaign committee. (a) Address (number and street) (b) Address (number and street) (b) Address (number and street) (c) City, State, and ZIP Code (c) City, State, and ZIP Code	(b) Address (number and street	N) Check if address	changed	2. Candida	te's FEC k	Ientificatic	n Number	
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WINTER PARK, FL 3Z785 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds or 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 lignature of Candidate WARDAWA IOTE: Submission of false, erroneous, er incomplete information may subject the person signing this Statement to penalties of 2 U.S.	FIGN OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) Itee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my as principal campaign committee. Including Joint Fundraising Representatives) Statement and to the best of my knowledge and belief it is true, correct and complete. Date July 2011 Idete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. FEC FORM 2 (REV. 0220)	WENTER PAAK, FL 32789 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 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>I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.</i> Ignature of Candidate: Wardwardward OTE: Submission of false, erroneous, er incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. PECFORM 2 (REV. 0223)	127 WEST F.	AIRBANKS AVE #	:482					
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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.

Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** 3/23/11 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail Postmark Illegible** No Postmark Shipping Date **Overnight Delivery Service (Specify):** Next Business Day Delivery **Date of Receipt 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 or Postmarked Other (Specify): 3/29/11 PARER

DATE PREPARED

3/2005)