

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Emmie Ross		2. Identification Number 72-1603316 22251230	
(b) Address (number and street) 507 Hampton (Headquarters) P.O. Box 9452		☐ Check if address changed Mailing	
(c) City, State, and ZIP Code St. Lucie, Florida		3. Is This Statement ☒ New (N) OR ☐ Amended (A)	
4. Party Affiliation NRA	5. Office Sought House of Representatives	6. State & District of Candidate Florida - District 16	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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)
Emmie Ross for Congress

(b) Address (number and street)
P.O. Box 9452

(c) City, State, and ZIP Code
Port St. Lucie, FL 34985

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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

INTEND TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	0.00	for the primary election, and
9B	3000.00	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Emmie Ross

8/8/06

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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Federal Election Commission
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