

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full) MICHAEL F "MIKE" F. YOST			2. Identification Number HOFL06061	
(b) Address (number and street) 902 HALSEMA RD S		<input type="checkbox"/> Check if address changed		
(c) City, State and ZIP Code JACKSONVILLE FL 32110		3. Is This Statement <input checked="" type="checkbox"/> New (N) <b>OR</b> <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 03		

**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) YOST FOR CONGRESS		
(b) Address (number and street) 902 S HALSEMA RD		
(c) City, State and ZIP Code JACKSONVILLE FL 32221		

**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.

<b>Signature of Candidate</b> MICHAEL F "MIKE" F. YOST	<b>Date</b> 01/05/2011
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**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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