

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED

2014 FEB 24 AM 11:30

FEC MAIL CENTER

1. (a) Name of Candidate (in full) April Freeman		2. Candidate's FEC Identification Number C00541359
(b) Address (number and street) <input checked="" type="checkbox"/> Check if address changed 2124 NE 15th Terrace		
(c) City, State, and ZIP Code Cape Coral, FL 33909		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Democratic	5. Office Sought House of Representatives	6. State & District of Candidate Florida, 19th Congressional District

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2014-special** 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) Elect April Freeman
(b) Address (number and street) 10051 McGregor Blvd. Suite 107
(c) City, State, and ZIP Code Fort Myers, FL 33919

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.

Signature of Candidate 	Date 02/20/2014
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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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14031190560

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ELECT April Freeman
10051 McGregor Blvd. Suite 107
Fort Myers, FL 33919

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Federal Election Commission
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Washington, DC 20463

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33906	2-21-14	1999	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
2-20-14	<input type="checkbox"/> 9:30 AM <input type="checkbox"/> 3:00 PM		
Time Accepted	<input checked="" type="checkbox"/> 12 NOON	Return Receipt Fee	Live Animal Transportation Fee
1:30 PM	10:30 AM Delivery Fee		
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
0.2 lbs. ozs.		1999	
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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.

14031190562

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

BV 2/24/14
 PREPARER DATE PREPARED
 (8/2013)