FEC FORM 2 STATEMENT OF CANDIDACY

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1	(a) Name of Candidate (in full)					
1.	(a) Name of Candidate (in full) TAIWO JACOB FAMILONI					
	(b) Address (number and street)		book if addra	ee changed		2. Candidate's FEC Identification Number
	5643 E VISTA DEL CERRO	□ Check if address changed				P60019361
	(c) City, State, and ZIP Code					3. Is This New Amended
	ANAHEIM		C	A 9280	7	Statement X (N) OR (A)
4.	Party Affiliation	5. Office Souce				trict of Candidate
	INDEPENDENT	President				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election(s).					
	NOTE: This designation should be filed with the appropriate office listed in the instructions.					
	(a) Name of Committee (in full) JACOB FAMILONI FOR PRESIDENT					
	(b) Address (number and street) 5643 E VISTA DEL CERRO					
	(c) City, State, and ZIP Code					
	ANAHEIM				CA	92807
 (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) JACOB FAMILONI FOR PRESIDENT						
(b) Address (number and street) 5643 E VISTA DEL CERRO						
	(c) City, State, and ZIP Code					
	ANAHEIM				CA	92807
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
	ignature of Candidate					Date
J	ACOB TAIWO FAMILONI			[Elec	tronically Filed]	01/26/2016
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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