FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)							
Ms. Cindy Ellen Rose							
(b) Address (number and street) Check if address changed 30 El Portal				2. Candidate's FEC Identification Number P60017738			
(c) City, State, and ZIP Code				3. Is This	s Ne	ew	Amended
Sausalito	CA 94965			Staten	nent X (N) OR	(A)
4. Party Affiliation	5. Office Sought		6. State & Distr	rict of Candie	date		
REPUBLICAN PARTY	Presidential						
DE	SIGNATION OF PR		CAMPAIGN		ITTEE		
7. I hereby designate the following name	ned political committee as r	ny Principal	Campaign Comm	nittee for the	2016 (year of elec	electio	on(s).
NOTE: This designation should be f	led with the appropriate off	ice listed in t	he instructions.				
(a) Name of Committee (in full)							
Cindy Rose For the	People, By the P	eople					
(b) Address (number and street) 30 El Portal							
(c) City, State, and ZIP Code							
Sausalito			CA	94965	5		
 8. I hereby authorize the following name candidacy. NOTE: This designation should be find (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 				nmittee, to re	eceive and exp	pend funds	on behalf of my
I certify that I have exa	nined this Statement and t	o the best of	my knowledge al	nd belief it is	s true, correct	and comple	ete.
Signature of Candidate				Date			
Cindy Ellen Rose [Electronically Filed]				11/09/2015			
NOTE: Submission of false, erroneous,	or incomplete information	may subject t	the person signin	ig this Stater	ment to penal	ties of 2 U.S	S.C. §437g.
						FEG	C FORM 2 (REV. 02/2009

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F2N Transaction ID :

I do not have a permanent address and am the only person on my principal campaign committee.

Form/Schedule: Transaction ID: