

For help completing Form 2, please double-click the

icon next to each line number.

FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED

1. (a) Name of Candidate (in full) Michael David Ballantine		2011 OCT 24 AM 9:00	
(b) Address (number and street) 541 School Lane.		<input type="checkbox"/> Check if address changed	2. Identification Number 160580515
(c) City, State, and ZIP Code Mount Joy PA 17552		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation Green Party	5. Office Sought President	6. State & District of Candidate Pennsylvania District 98	

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) Campaign to Elect Mike Ballantine President 2012
(b) Address (number and street) 541 School Lane
(c) City, State, and ZIP Code Mount Joy PA 17552

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 <i>Karen S. Berrie</i> <i>POA for Michael D. Ballantine</i>	Date October 12, 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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FEC FORM 2 (REV. 12/2008)

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT THE ADVANCE NOTICE TO YOU OR APPROVAL OF YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

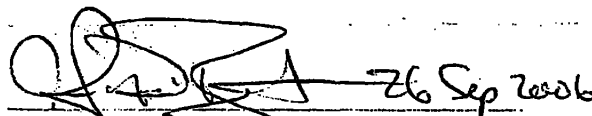
YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA. C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.


Michael D. Ballantine 26 Sep 2006

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POWER OF ATTORNEY

BE IT KNOWN BY THESE PRESENTS, that I, Michael D. Ballantine, of 421 Martin Avenue, Mount Joy, PA 17552, do hereby revoke any and all Powers of Attorney heretofore made, and do constitute and appoint my mother, Karen L. Berrier, of 421 Martin Avenue, Mount Joy, PA 17552, my true and lawful agent for me and in my name:

1. To create a trust for my benefit.
2. To make additions to an existing trust for my benefit.
3. To claim an elective share of the estate of my deceased spouse.
4. To disclaim any interest in property.
5. To renounce fiduciary positions.
6. To withdraw and receive the income or corpus of a trust.
7. To authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care.
8. To authorize medical and surgical procedures.
9. To engage in real property transactions.
10. To engage in tangible personal property transactions.
11. To engage in stock, bond and other securities transactions.
12. To engage in commodity and option transactions.
13. To engage in banking and financial transactions.
14. To borrow money.
15. To engage in insurance transactions.
16. To enter safe deposit boxes.
17. To engage in retirement plan transactions.
18. To handle interests in estates and trusts.
19. My spouse shall have the power to make gifts. My alternate agent may make limited gifts only to my children, charitable gifts consistent with my recent practice of giving at the time the agent commences exercising the Power of Attorney, and gifts consistent with prudent estate planning.
20. To pursue claims and litigation.
21. To receive government benefits.
22. To pursue tax matters.
23. To make an anatomical gift of all or part of my body.

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24. To delegate one or more of the powers of the agent to such person or persons as my agent may designate and on such terms as my agent may specify.

This Power of Attorney shall be construed according to and governed by the laws of the Commonwealth of Pennsylvania.

I nominate for consideration by the Court, if guardianship proceedings are ever commenced on my behalf, the person who is then serving as my agent pursuant to this Power of Attorney as guardian of my estate and/or guardian of my person.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____
Day of September, A.D., 2006

Witness:

26 SEP 2006

Dianne K West

[Signature]

Michael D. Ballantine

Dianne K West

Conrad

11030681605



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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
10/17/11

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

CMW
 PREPARER
 (3/2005)

10/24/11
 DATE PREPARED

11030681606