## FEC FORM 2 STATEMENT OF CANDIDACY

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	PULL NOV. OL. REALL. OO
1. (a) Name of Candidate (in full)	
(b) Address (number and street)	
(b) Address (number and street)	2. FEC Candidate IdentiAcation Number P 20003000
(c) City, State, and ZIP Code  LOCK PORT  NY  14094	3. Is This New Amended Statement (N) OR (A)
4. Party AfAiation  1NDEFONO DNT  5. OfAce Sought  1NDEFONO DNT  6. State & Distr	rict of Candidate
110 y 0   Cla y 0 - 1   1   1   Cla y 0 - 1   Clay 0 - 1   Cla y 0 - 1	
DEsig NaTiON Of pRiNcipal campaig N c OmmiTTEE	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 20/6 election(s).	
NOTE: This designation should be Aled with the appropriate of Ace listed in the instructions.	
(a) Name of Committee (in full)	
KONNOTH DOMAGAZA FOR PROSIDONT.	2016
(b) Address (number and street)	
6631 ROYAL PARKWAY SOUTH  (c) City, State, and ZIP Code  LOUKPORT, NOW YORK 14094	
(c) City, State, and ZIP Code	
LOUXPORT, NOW YORK 14094	
DEsig NaTiON Of OThER au ThORizED c OmmiTTEEs (Including Joint Fundraising Representatives)	
(modeling count is allocationing in opiciocitiatives)	
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 Aled with the principal campaign committee.	
MINIE	
(a) Name of Committee (in full)	<u> </u>
(b) Address (number and street)	
(c) City, State, and ZIP Code	
(6) 3.19, 3.13.2.11 2.113.2.11	
I certify that I have examined this Statement and to the best of my knowledge as	nd belief it is true, correct and complete.
Signature of Candidate	Date ,
	11/23/15
Kenuts M. Doniagale	11/23/13
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.	
9-00068	FEC For m 2 (r Ev. 02/2009

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