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## FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)  CAPL F DWARD MERCE. JR
( 4P) P (MAP) ( CP(P), ) K
(b) Address (number and street) Check if address (number and street) 2. Candidate's FEC Identification Number
20253 153RD PL = TILED NOT FECK
(c) City, State, and ZIP Code 3. Is This New Amended
OBRIEN F1. 32071 Statement (N) OR (A)
4. Party Affiliation 5. Office Sought 6. State & District of Candidate
REPURLICAN HOUSE OF REPRESENTING FL. DISTRICT Z.
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010. 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)
COUNTIEE TO ELECT CAPL MEECT.  (b) Address (number and street)
20253 153 RD. PL.
20753 153 PD. PL. (c) City, State, and ZIP Code
OBRIEN FL 32011
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing 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)
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(a) Name of Committee (in full)  (b) Address (number and street)
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(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code
(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.
(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.
(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  7/30/2009
(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  7/30/2009

(3/2005)

## **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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED