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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
James Joseph McGovern

(b) Address (number and street) ☐ Check if address changed
P.O. Box 923

2. Candidate's FEC Identification Number
H6FL06225

(c) City, State, and ZIP Code
New Smyrna Beach FL 32170

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
DEMOCRATIC PARTY	House	FL 06

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) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Friends of Jay McGovern

(b) Address (number and street)
P.O. Box 923

(c) City, State, and ZIP Code
New Smyrna Beach FL 32170

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	Date
James Joseph McGovern ***[Electronically Filed]***	06/21/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.