

# FEC FORM 2

## STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <i>Colin B. Doyle</i>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>81868 Lost Valley Lane</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <i>Dexter, OR 97431</i>		4. Party Affiliation <i>(independent)</i>
5. Office Sought <i>President of USA</i>	6. State & District of Candidate <i>Oregon</i>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) <i>Colin Doyle for President 2016 Campaign Committee</i>
(b) Address (number and street) <del>P.O. Box 364</del> <i>Dexter, OR 97431</i>
(c) City, State, and ZIP Code <i>81868 Lost Valley Lane</i>

### 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>Colin B. Doyle</i>	Date <i>Nov. 17, 2015</i>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

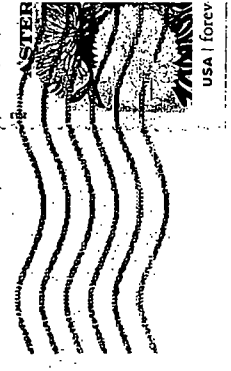
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81868 Lost Valley Lane  
Dexter, OR 97431

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PREPARER *J.A.*  
 (3/2015)

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