## FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)	)	FEC MAIL CENTER
LOSEPH REL	x LEONAITIS	
(b) Address (number and stree	et) 🗀 Check If address cha	
B COUNTY BOAD	> 377	P80003502
(c) City, State, and ZIP Code IJKA, MS 38	<b>A</b> .Ch	3. Is This New Amended Statement (N) OR X (A)
4. Party Affiliation	5. Office Sought	6. State & District of Candidate
INDEPENDENT	PRESIDENT	MS, OI
7. I hereby designate the following		PAL CAMPAIGN COMMITTEE
NOTE: This designation shoul	ld be filed with the appropriate office list	
(a) Name of Committee (in full	I) · · · · · · · · · · · · · · · · · · ·	
FEDERALIST	PARTY AUTHORIZE	D BY JOSGPH FELIX LEONAITIS
(b) Address (number and stree	et)	
BCOUNTY RO	AD 974	
(c) City, State, and ZIP Code	NO 377	
TUKA, MS 3	38822	
		AUTHORIZED COMMITTEES
	(Including Joint Fun	draising Representatives)
8. I hereby authorize the followin	ng named committee, which is NOT my	principal campaign committee, to receive and expend funds on behalf of my
candidacy.		
NOTE: This designation should	ld be filed with the principal campaign c	nmittee
(a) Name of Committee (in ful	II)	
(b) Address (number and stre	et)	
(c) City, State, and ZIP Code		
I certify that I ha	ve examined this Statement and to the i	pest of my knowledge and belief it is true, correct and complete.
Signature of Candidate		Date
Joseph Felix La	mailie	21712012
NOTE: Submission of false, erro	neous, or incomplete information may s	ubject the person signing this Statement to penalties of 2 U.S.C. §437g.
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Postmark Illegible			
No Postmark			
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Date Other (Specify):	of Receipt or Postmarked		
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PREPARER	DATE PREPARED		

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PREPARER (3/2005)