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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) G.G. Galloway		
(b) Address (number and street) 570 Memorial Circle Suite 300		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Ormond Beach		2. Candidate's FEC Identification Number H6FL06118
4. Party Affiliation Rep		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought House	FL	6. State & District of Candidate FL 06

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) Galloway for Congress		
(b) Address (number and street) 570 Memorial Circle Suite 300		
(c) City, State, and ZIP Code Ormond Beach FL 32174		

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 G.G. Galloway	Date 09/03/2015
[Electronically Filed]	

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

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