

FEC FORM 2

STATEMENT OF CANDIDACY

2012 AUG 10 AM 10:51

1. (a) Name of Candidate (in full) MARK SCHLEKMAN			2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. Box 1094			
(c) City, State, and ZIP Code Tallahassee, FL 32302		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEM	5. Office Sought U.S. House	6. State & District of Candidate FL	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) Citizens to Elect Mark Schlekman for US Congress
(b) Address (number and street) P.O. Box 1094
(c) City, State, and ZIP Code Tallahassee, FL 32302

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) N/A
(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 08/03/2012
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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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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.

12030872684

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

GAED
 PREPARER
 (3/2005)

8/16/12
 DATE PREPARED