Image# 201508259000929717 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Dr. Ben C. Hod						Attion the North
	(b) Address (number and street) 700 E Cougar Trail	☐ Check if address changed				Candidate's FEC Identification Number P60012903	
	(c) City, State, and ZIP Code						ew Amended
	Hoffman Estates	IL 60169			9	Statement X (N	I) OR (A)
4.	Party Affiliation	5. Office Soug			6. State & Dist	rict of Candidate	
	INDEPENDENT	Presidenti	al ———				
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)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full)						
Ben C. Hod for President 2016							
	(b) Address (number and street) 700 E Cougar Trail						
	(c) City, State, and ZIP Code						
	Hoffman Estates				IL	60169	
(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 exa	mined this State	ement and to	the best of	my knowledge a	and belief it is true, correct	and complete.
Si	gnature of Candidate					Date	
D	r. Ben C. Hod	[Electronically Filed]				08/25/2015	
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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FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2N Transaction ID:

Vote for Ben!

Form/Schedule: Transaction ID: