

FEC FORM 2

STATEMENT OF CANDIDACY

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2016 JAN 19 AM 11:56

1. (a) Name of Candidate (in full) David Santiago		2. Identification Number
(b) Address (number and street) 2631 Eustace Ave		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Deltona, FL 32725		
4. Party Affiliation Republican	5. Office Sought US House FL Dist 6	6. State & District of Candidate Florida Dist 5 6

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) David Santiago Campaign
(b) Address (number and street) 5471 Spring Hill Drive
(c) City, State, and ZIP Code Spring Hill, FL 34606

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

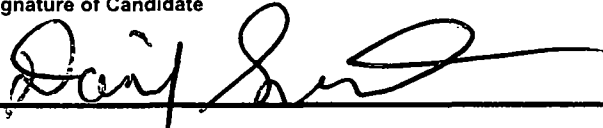
(Including Joint Fundraising Representatives)

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) None
(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 1-15-16
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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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2016-01-19 11:56 AM

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 PHONE ()
 David Santiago
 7631 Eustace Ave
 Deltona FL 32725

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options**
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
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- *Refer to USPS.com® or local Post Office™ for availability.

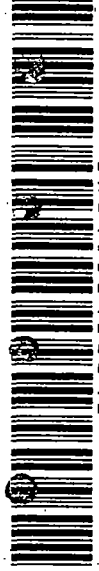
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<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	32725	1/19/16	\$	\$		
PO ZIP Code	Scheduled Delivery Date	Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee		
		1/16/16	10:30 AM <input checked="" type="checkbox"/> 12:00 PM	\$	\$		
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee				
1030	\$	\$	\$				
Weight	Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees				
	lbs. ozs.	\$	\$				
		Acceptance Employee Initials					

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Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked

PREPARER *JR*
 (3/2015)

1/19/16
 DATE PREPARED

NON-CONFIDENTIAL INFORMATION