

Image# 12961262742

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WILLIAM CLEAVE DRUMMOND II			2. Candidate's FEC Identification Number H2FL01209	
(b) Address (number and street) 1031-B NURSERY RD		☐ Check if address changed		
(c) City, State, and ZIP Code CHIPLEY FL 32425		3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation REFORM PARTY	5. Office Sought House	6. State & District of Candidate FL 02		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) DRUMMOND FOR CONGRESS		
(b) Address (number and street) 1031-B NURSERY RD		
(c) City, State, and ZIP Code CHIPLEY FL 32428		

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 WILLIAM CLEAVE DRUMMOND II [Electronically Filed]	Date 11/15/2012
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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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