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FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)
ANNA MARIE TRUJILLO

(b) Address (number and street) ☐ Check if address changed
4277 NW 89TH AVE.

(c) City, State, and ZIP Code
CORAL SPRINGS, FLORIDA 33065

2. Identification Number

3. Is This Statement ☑ New (N) OR ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
REPUBLICAN	US HOUSE OF REPS.	FLORIDA 19TH DISTRICT

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
COMMITTEE TO ELECT ANNA M. TRUJILLO TO CONGRESS

(b) Address (number and street)
244 NEWPORT O

(c) City, State, and ZIP Code
DEERFIELD BEACH, FLORIDA 33442

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)
FRIENDS OF ANNA M. TRUJILLO

(b) Address (number and street)
244 NEWPORT O

(c) City, State, and ZIP Code
DEERFIELD BEACH, FLORIDA 33442

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
Anna M. Trujillo	9/12/2011

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

FEC FORM 2 (REV. 12/2008)

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Federal Election Commission
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JMJ — PREPARER

9/30/'11 — DATE PREPARED

(3/2005)

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