

**FEC FORM 2**  
STATEMENT OF CANDIDACY

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2015 APR -3 AM 11:07

1. (a) Name of Candidate (in full) <b>Engrid Turner</b>		<input type="checkbox"/> Check if address changed	2. FEC Candidate Identification Number	
(b) Address (number and street) <b>PO Box 802</b>				
(c) City, State, and ZIP Code <b>Bowie, MD 20718</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation <b>Democrat</b>	5. Office Sought <b>US House of Representatives</b>	6. State & District of Candidate <b>Maryland CD 4</b>		

**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)

**Engrid Turner For Congress**

(b) Address (number and street)

**PO Box 802**

(c) City, State, and ZIP Code

**Bowie, MD 20718**

**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 declare, under penalty of perjury, 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)

**Engrid M. Turner**

**4/1/2015**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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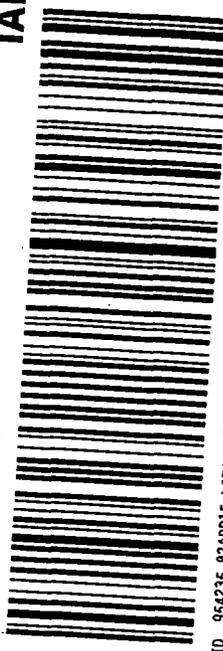
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package  
Express JS Airbill

1 From  
Date 4/2/2015

Sender's Name ANGELA MELBORN Phone 870 535-7222  
Company RELYANCE BANK, N.A.  
Address 912 S POPLAR ST  
City PINE BLUFF State AR ZIP 71601-4861

2 Your Internal Billing Reference

3 To  
Recipient's Name

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City WASHINGTON State DC ZIP 20463

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4 Express Package Service \*To most locations.  
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FedEx First Overnight  
FedEx 2Day A.M.  
FedEx 2Day  
FedEx Standard Overnight  
FedEx Express Saver

5 Packaging  
FedEx Envelope  
FedEx Pak  
FedEx Tube  
FedEx Box  
Other

6 Special Handling and Delivery Signature Options  
SATURDAY Delivery  
Direct Signature  
Indirect Signature

7 Payment Bill to:  
Sender  
Recipient  
Third Party  
Credit Card  
Cash/Check  
Cargo Aircraft Only

Total Packages  
Total Weight  
Obtain receipt  
Credit Card Acct. No.

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