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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) PAUL C. MCKAIN		2. Candidate's FEC Identification Number C00464255
(b) Address (number and street) 1300 TURKEY ROOST COURT		3. Is This Statement ☐ New (N) OR ☒ Amended (A)
(c) City, State, and ZIP Code TALLAHASSEE, FL 32317		
4. Party Affiliation IND.	5. Office Sought U.S. REPRESENTATIVE	6. State & District of Candidate FLORIDA DISTRICT 2

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) PAUL MCKAIN FOR CONGRESS
(b) Address (number and street) P.O. BOX 71
(c) City, State, and ZIP Code LLOYD, FLORIDA 32337

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 Paul C. McKain	Date 1/26/10
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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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Federal Election Commission
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PREPARER
(3/2005)

2/4/10
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