

Image# 15950869892

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ALLEN L ELLISON			2. Candidate's FEC Identification Number H4FL17037	
(b) Address (number and street) 651 Sally Place		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Wauchula FL 33873		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 17		

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) ALLEN ELLISON FOR CONGRESS CAMPAIGN COMMITTEE		
(b) Address (number and street) 651 SALLY PLACE		
(c) City, State, and ZIP Code WAUCHULA FL 33873		

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 ALLEN ELLISON <i>[Electronically Filed]</i>	Date 03/17/2015
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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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