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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Ms. Sharmin Lynn Smith					122			
	(b) Address (number and street) 459 Hudson Ave	☐ Check if address changed			Candidate's FEC Identification Number     P60022449				
	(c) City, State, and ZIP Code				3. Is This		Amended		
	Newark	OH 43055				Statement X (N	) OR	(A)	
4.	Party Affiliation	5. Office Soug			6. State & Dist	trict of Candidate			
	W	Presidenti	al						
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
Write-In Sharmin Smith for President 2016									
	(b) Address (number and street) 459 Hudson Ave								
	(c) City, State, and ZIP Code								
	Newark				ОН	43055			
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 Date						Date		-	
SF	narmin Smith	[Electronically Filed]				08/02/2016			
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. 02/2009)