FEC FORM 2 STATEMENT OF CANDIDACY

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FEC FORM 2 (REV. 02/2009)

1. (a) Name of Candidate (in full) (b) Address (number and street) Check if address changed SGOI DR. NARTHN WITHER KING TR. ST. N #9 (c) City, State, and ZIP Code S. Office Sought S. Office Sought Committee ST. PETERS BURG FOR IDA STATES S. Office Sought Committee ST. PETERS BURG FOR IDA PRESIDENT STATES S. Office Sought Committee STATES Committee		
(c) City, State, and ZIP Code Thereby designate the following named political committee as my Principal Campaign Cammittee for the Instructions. (a) Name of Committee (in full) 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 filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full)		
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4. Party Affiliation INDEPENDENT PRESIDENT STATES 6. State & District of Candidate FLORADA DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Cemmittee for the (year of election)s). NOTE: This designation should be filled with the appropriate office listed in the instructions. (a) Name of Committee (in full) LEVINSON FOR PRESIDENT 20/2 (b) Address (number and street) ST. PETERS BURG, FURLIDA 33703 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 filled with the principal campaign committee. (a) Name of Committee (in full)		
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(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.		
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Signature of Candidate Date		
Signature of Candidate Date JAPUNEY 51.2011		
Signature of Candidate Date		
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Michael Stepha Sarrison Date JANUARY 51, 2011 Thomas		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Conf	irmation™ Label X
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PY	1/27/2011
PREPARER (3/2005)	DATE PREPARED