

Image# 15951517926

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Sandy Adams			2. Candidate's FEC Identification Number H0FL24049		
(b) Address (number and street) P. O. Box 830		<input checked="" type="checkbox"/> Check if address changed			
(c) City, State, and ZIP Code New Smyrna Beach		FL	32170	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 06			

### 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) Sandy Adams for Congress		
(b) Address (number and street) P. O. Box 830		
(c) City, State, and ZIP Code New Smyrna Beach FL 32170		

### 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 Sandy Adams  <i>[Electronically Filed]</i>	Date 06/23/2015
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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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