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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Geraldine F. Thompson							
	(b) Address (number and street) 511 West South Street Suite 211	☐ Check if address changed				Candidate's FEC Identification Number H6FL10136		
	(c) City, State, and ZIP Code					3. Is This N	ew Amended	
	Orlando	FL 32805			5	Statement X (N	I) OR (A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	rict of Candidate		
	DEMOCRATIC PARTY	House			FL	10		
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) election(s).							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Geraldine Thompson for Senate								
	(b) Address (number and street) 511 West South Street							
	Suite 201 (c) City, State, and ZIP Code							
						00005		
	Orlando				FL	32805		
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 conditions:								
candidacy. NOTE: This designation should be filed with the principal campaign committee.								
(a) Alama of Organish of the fully								
	(a) Name of Committee (in full)							
(b) Address (number and street)								
(c) City, State, and ZIP Code								
	·	mined this Stat	tement and to	the best of	my knowledge a	nd belief it is true, correct	and complete.	
Si	gnature of Candidate					Date		
G	eraldine F. Thompson	[Electronically Filed]				10/09/2015		
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)