

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ALAN AZCONA			2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 2447 Sedgefield Avenue			
(c) City, State, and ZIP Code DeHona, FL 32725		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation Republican	5. Office Sought US Representative	6. State & District of Candidate FLORIDA 7	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) AZCONA FOR CONGRESS		
(b) Address (number and street) P.O. BOX 390595		
(c) City, State, and ZIP Code DeHona, FL 32739		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

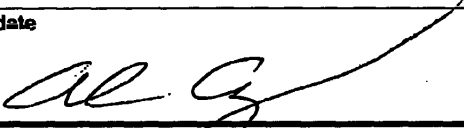
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

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		

FEDERAL ELECTION COMMISSION
 PUBLIC DISCLOSURE DIVISION
 2013 DEC 11 PM 12:08

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 12/10/13
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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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Date Accepted 12/10/13	Scheduled Date of Delivery Month: 12 Day: 11	Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time Accepted 10:00 AM	Scheduled Time of Delivery Noon <input type="checkbox"/> 3 PM	Delivery Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
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FROM: (PLEASE PRINT) PHONE ()

Alan Azcona
P.O. Box 390595
Deltona, FL 32739

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 PREPARER	12/11/13 DATE PREPARED
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