

Image# 12952296997

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FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|--|--|
| 1. (a) Name of Candidate (in full) Shannon Roberts | | |
| (b) Address (number and street) 703 Solana Shores Drive, #501 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code CAPE CANAVERAL FL 32920 | | 2. Candidate's FEC Identification Number H0FL15054 |
| 4. Party Affiliation DEMOCRATIC PARTY | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 5. Office Sought House | | 6. State & District of Candidate FL 08 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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) SHANNON ROBERTS FOR CONGRESS | | |
| (b) Address (number and street) P.O. BOX 155 | | |
| (c) City, State, and ZIP Code CAPE CANAVERAL FL 32920 | | |

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) SHANNON ROBERTS FOR CONGRESS | | |
| (b) Address (number and street) P.O. BOX 155 | | |
| (c) City, State, and ZIP Code CAPE CANAVERAL FL 32920 | | |

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 Shannon Roberts [Electronically Filed] | Date 07/11/2012 |
|---|--------------------|

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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