

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		2. Candidate's FEC Identification Number H0FL15054
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought House	FL 32920	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 <i>Shannon Roberts</i>	Date 07/11/2012
[Electronically Filed]	

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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