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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | |
|---|---|----------------------------|---------------|-------------|-------------------|--|---------------|---------|--|
| | C. W. Bill Young (b) Address (number and street) | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number | | | |
| | P. O. Box 47025 | □ Check if address changed | | | H6FL06035 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This N | ew | Amended | |
| | St. Petersburg | | FL | . 3374 | | Statement X (N | N) OR | (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 1 | rict of Candidate | | | |
| | Rep | House | | | FL | 13 | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | |
| 7. | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election) | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | |
| Congressman Bill Young Campaign Committee | | | | | | | | | |
| | (b) Address (number and street) P. O. Box 3809 | | | | | | | | |
| | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Seminole | | | | FL | 33775 | | | |
| _ | | | | | | | | | |
| 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) | | | | | | | | | |
| (b) radioss (namber and sheet) | | | | | | | | | |
| | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | |
| | Leartify that I have eve | minad this Star | toment and to | the best of | mu knowlodgo g | and haliaf it is true, sorroot | t and complet | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | | | | |
| | gnature of Candidate | | | | | Date | | • | |
| С. | W. Bill Young | | | [Elec | tronically Filed] | 06/08/2013 | | | |
| | | | | | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)