

FEC FORM 2

STATEMENT OF CANDIDACY

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2012 JUN -5 AM 11:18

1. (a) Name of Candidate (in full) David L. Steinhof, D.M.D.		2. Identification Number FEC MAIL CENTER	
(b) Address (number and street) 784 High St		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Fall River, MA 02720		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation Republican	5. Office Sought U.S. Representative	6. State & District of Candidate Massachusetts District 4	

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) Committee to Elect David L. Steinhof
(b) Address (number and street) 4144 N. Main St
(c) City, State, and ZIP Code Fall River, MA 02720

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

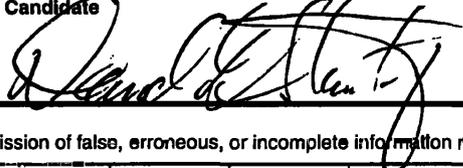
(Including Joint Fundraising Representatives)

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

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 6-5-12
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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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Federal Election Commission
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PREPARER

6/6/12

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(3/2005)

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