

Image# 201510269003241414

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Dr. Stephen Kale		
(b) Address (number and street) 807 Church Street		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Doylestown OH 44230		2. Candidate's FEC Identification Number P60017308
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Presidential
		6. State & District of Candidate
		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Kale 2016		
(b) Address (number and street) 807 Church Street		
(c) City, State, and ZIP Code Doylestown OH 44230		

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 Dr. Stephen Kale <i>[Electronically Filed]</i>	Date 10/26/2015
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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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