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SECRETARY OF THE SENATE

05 AUG 24 AM 11: 22

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Mike DeWine (Richard Michael DeWine)

(b) Address (number and street) ☐ Check if address changed
2587 Conley Rd.

2. Identification Number
C00364497

(c) City, State, and ZIP Code
Cedarville, Ohio 45314

3. Is This Statement New (N) OR X Amended (A)

4. Party Affiliation
Republican Party

5. Office Sought
US Senate

6. State & District of Candidate
Ohio

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Mike DeWine for US Senate

(b) Address (number and street)
P.O. Box 340188

(c) City, State, and ZIP Code
Columbus, Ohio 43234

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)
2005 Leader's Alliance Committee

(b) Address (number and street)
P.O. Box 75103

(c) City, State, and ZIP Code
Washington, DC 20013 - 5103

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A -0- for the primary election, and

9B -0- for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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
Mike DeWine

Date
Aug. 11, 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL

7005 1160 0002 9526 6176

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X-RAYED
THE SENATE
ST OFFICE

Secretary of the Senate
Office of Public Records
P.O. Box 5109
Alexandria, Va 22301-0109

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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