09 FEB -6 AM 11: 06

## FEC FORM 2 STATEMENT OF CANDIDACY

9020091028

1. (a) Name of Candidate (in full) -	Daniel M	onsiz cela				
(b) Address (number and street)	Check	ongrando k if address chang	Dr #an	/ 2. Identification Nu	mber	
	200 Medica	l Center	Dr - alv			
(c) City, State, and ZIP Code	Hazard, K	4 4170	/	Is This     Statement	New (N) OR	Amended (A)
4. Party Affiliation /	E Office Cought	<u> </u>	6. State & D	istrict of Candidate		
Democratic	1.5	Senate		enticky	· · · · · · · · · · · · · · · · · · ·	
Ε	<b>ESIGNATION</b>	OF PRINCIPA	AL CAMPAK	ON COMMITTEE	_	
7. I hereby designate the following r	named political commi	ittee as my Princip	oal Campaign Co	mmittee for the(year o	o/O election( f election)	s).
NOTE: This designation should b	e filed with the approp	oriate office listed	in the instructions	S		. <u>.</u> .
(a) Name of Committee (in full)						
	Friends	for I	Daniel 1	Mongiardo		
(b) Address (number and street)				<del></del>		
	450	Dunca	, Rl			
(c) City, State, and ZIP Code	·· <del>······</del>		. 1			
	Frank	hort	Ky	40601		
	ESIGNATION (	OF OTHER A	UTHORIZE	D COMMITTEES		
•		ding Joint Fundra				
8. I hereby authorize the following r	•	•	-		nd expend funds or	behalf of my
candidacy.	anieu Committee, wit	iciris (401 my pm	icipal campaign	50111111111111111111111111111111111111	onpone tenes	
NOTE: This designation should b	e filed with the princip	oal campaign com	mittee.			
(a) Name of Committee (in full)			· · · · · · · · · · · · · · · · ·			
(a) North of Committee (iii vally						
(h) A ddaese (e. orber en detreet)						<u> </u>
(b) Address (number and street)						
(c) City, State, and ZIP Code						
DEGLADATION	OF INTENT TO	VENDEND D	EDSONAL S	UNDS (House o	r Senate Onl	v)
I intend to expend personal fund					or Genate Ging	,
3. Tilliona to experia personal faila			,,,		nation and	
	9A	, i		for the primary el	ection, and	
	9B			for the general e	ection.	
If you do not intend to expend pe	ersonal funds exceedi	, , , , , , , , , , , , , , , , , , ,	mount for either	election, you must ente	r "0.00" for each.	
				e and belief it is true, o		
Signature of Candidate	SANTINEU UNS GLACITI	en and to be occ	n or my laterious	Date		
1 h. Mars	$\checkmark$			1/20	1a	
JUNI 1 MG	1/2			1/1/0/	/	
NOTE: Submission of false, erroned	ous, or incomplete info	ormation may subj	ect the person si	gning this Statement to	penalties of 2 U.S.0	C. §437g.
		j				
EE2AM020 PDE						ORM 2 (REV 02/20)

450 Duncan Road Frankfort, KY 40601

Secretary Jthe Smith Office of Robbic Record POBR 5189 Mexambria Wa

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SECRETARY OF THE SENATE

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PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

## United States Senate

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TATEGOZOSZ

PREPARER RD DATE PREPARED 02-06-09



