## 12030713034

## FEC FORM 2 STATEMENT OF CANDIDACY

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					· <u>`</u>		11.0	11111		
1. (a) Name of Cand		SLA								
(b) Address (num		Slowe	eck if addre	ss changed		2 Candida	te's FEC Iden	tification N	umber	
1504 Park ave.										
(c) City, State, and ZIP Code						3. Is This		W OB	Amended	
ElyRIA 4. Party Affiliation	ON. 42	5. Office Sough	nt		S. State & Dis	Statem trict of Candid		OR	ii. (A)	
Democra	Á		ouse		OHIU	4			· · · · · · · · · · · · · · · · · · ·	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designal	te the following nan	ned political cor	nmittee as n	y Principal Ca	mpaign Com	mittee for the	2012 (year of elec		on(s).	
NOTE: This design	gnation should be fi	led with the ap	propriate offi	ce listed in the	instructions.		() 0 0			
(a) Name of Com	mittee (in full)									
(b) Address (num	n Slove ber and street)	4 Co	Ngress	Comm	ittee					
(c) City, State, an	d ZIP Code					<del></del>				
Elypi	64 Pariz d ZIP Code H, Oh. L	14035								
		SIGNATIO		HER AUT	HORIZED	COMMIT	TEES			
				t Fundraising			·LLO			
8. I hereby authorize candidacy.	e the following nam	ned committee,	which is NO	Γ my principal	campaign co	mmittee, to re	ceive and exp	end funds	on behalf of my	
-	gnation should be f	iled with the pri	ncipal campa	ign committee	N/A					
(a) Name of Com	mittee (in full)					,				
(b) Address (num	har and strach									
(D) Address (nun	ibei ann saect)									
(c) City, State, an	d ZIP Code			<del> </del>						
l cer	tify that I have exa	mined this State	ement and to	the best of m	v knowledne :	and balief it is	true correct	and comple	nte.	
Signature of Candi				THE DOOR OF THE	y knowledge (	Date				
Signature of Sandralate										
Soms M. Llone						1.	1-17-2012			
NOTE: Submission	of false, erroneous,	or incomplete	information r	nay subject the	e person signi	ing this Stator	nent to penal	ties of 2 U.	S.C. §437g.	

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