

SOUTH CENTRAL OB/GYN

Dr. Kenny E. Stall
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Indianapolis, IN. 46227
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Date 2/16/08

To: Federal Electric Commission

Attn: _____

Fax: 202-219-0174

From: Dr. Kenny Stall for Congress.

Comments:

Statement of Candidacy

(originals being mailed)

Attention:

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Thank you.

This transmission contains 2 pages, including cover sheet.

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Kenny Eugene Stall

(b) Address (number and street)		<input type="checkbox"/> Check if address changed	2. Identification Number
8937 Southpointe Dr. S. A-1			
(c) City, State, and ZIP Code		3. Is This Statement <input checked="" type="checkbox"/> (N) OR <input type="checkbox"/> (A) New Amended	
Indianapolis, IN, 46227			
4. Party Affiliation	5. Office Sought	6. State & District of Candidate	
DEM	House	Indiana 5 th	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 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)

Dr. Kenny Stall for Congress

(b) Address (number and street)

8937 Southpointe Dr. S. A-1

(c) City, State, and ZIP Code

Indianapolis, IN, 46227

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

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. 400.8) by

9A	<input type="checkbox"/> 0
9B	<input type="checkbox"/> 0

for the primary election, and

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

Date

2/15/2008

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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