

SOUTH CENTRAL OB/GYN

Dr. Kenny E. Stall
8937 Southpointe Dr, Suite A1
Indianapolis, IN. 46227
(317) 887-1500
Fax (317) 887-1503

Date 2.16.08To: Federal Election Commission

Attn: _____

Fax: 202-219-0174From: Dr. Kenny Stall for Congress.

Comments:

Statement of Candidacy
(originals being mailed)

Attention:

Confidential Documents: If you received this fax by mistake, destroy the document and notify the sending office by phone to let them know the document went to the wrong place.

Thank you.

This transmission contains 2 pages, including cover sheet.

28039640061

FEC FORM 2

STATEMENT OF CANDIDACY

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

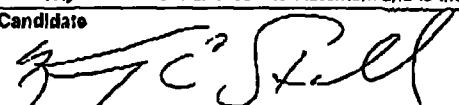
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

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

9A	<input type="text" value="0"/>	for the primary election, and
9B	<input type="text" value="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 	Date 2/15/2008
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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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FEC FORM 2 (REV. 02/2003)

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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N/A
PREPARER

N/A
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(5/2004)

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