FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) James C. Cooper		
(b) Address (number and street)	2. Candidate's FEC Identification Number	
(c) City, State, and ZIP Code West olive, M2 49460	3. Is This New Amended Statement X (N) OR (A)	
4. Party Affiliation 5. Office Sought 6. State & Distri		
	higan	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the		
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(a) Name of Committee (in full)		
James C. Cooper for President		
(b) Address (number and sheet)		
16090 Pierce Street		
(c) City, State, and ZIP Code		
West olive, HI 49460		
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 (la full)		
(b) Address (number and srapet)		
(c) City, State, and ZIP Code		
(o) Ony, Olaid, and En Codo		
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	
James C. Coope	April 7, 2011	
NOTE: Submission of talse, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		
	FEC FORM 2 (REV. 02/2009)	

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No Postmark	
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PREPARER (3/2005)	DATE PREPARED
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