## 1002019115

SECRETARY OF THE SENATE
10 APR 12 PM 2: 32 FLD

## FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) STEPHENS RUFFNER DEMPSEY	
(b) Address (number and street)	2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code MOUR OULA ND 2000	3. Is This Statement (N) OR (A)
4. Party Affiliation 5. Office Sought 6. State & Distr	rict of Candidate
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) election(s).	
NOTE: This designation should be filed with the appropriate office listed in the instructions.	
(a) Name of Committee (in full)	
DEMPSCY FOR US SENATE COMMITTEE  (b) Address (number and street)	•
PO BOX 416	
(c) City, State, and ZIP Code	
MONROVIA MD 21770	
DESIGNATION OF OTHER AUTHORIZED	COMMITTEES
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(Including Joint Fundraising Representativ  8. I hereby authorize the following named committee, which is NOT my principal campaign corcandidacy.	res)
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(Including Joint Fundraising Representative)  8. I hereby authorize the following named committee, which is NOT my principal campaign concandidacy.  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	res) mmittee, to receive and expend funds on behalf of my
(Including Joint Fundraising Representative)  8. I hereby authorize the following named committee, which is NOT my principal campaign concandidacy.  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	and belief it is true, correct and complete.
(Including Joint Fundraising Representative)  8. I hereby authorize the following named committee, which is NOT my principal campaign concandidacy.  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	and belief it is true, correct and complete.
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(Including Joint Fundraising Representative authorize the following named committee, which is NOT my principal campaign concandidacy.  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  I certify that I have examined this Statement and to the best of my knowledge as Signature of Candidate	mmittee, to receive and expend funds on behalf of my and belief it is true, correct and complete.

0020191154

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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

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