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# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                                                                    |                                     |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>Rafael Ramirez</b>                                                        |                                     | 2. Candidate's FEC Identification Number                                                                 |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><b>10402 Heather Hills Rd</b> |                                     |                                                                                                          |
| (c) City, State, and ZIP Code<br><b>Indianapolis, IN 46229</b>                                                     |                                     | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>Republican</b>                                                                          | 5. Office Sought<br><b>US House</b> | 6. State & District of Candidate<br><b>Indiana 7</b>                                                     |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)<br><b>Rafael for Congress</b>     |
| (b) Address (number and street)<br><b>3745 W. Washington St 2</b> |
| (c) City, State, and ZIP Code<br><b>Indianapolis IN 46241</b>     |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

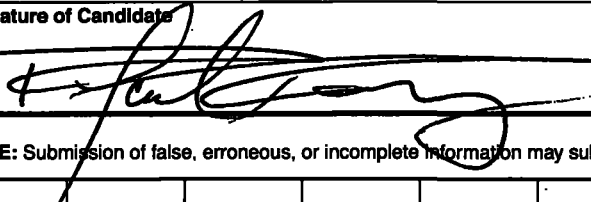
(Including Joint Fundraising Representatives)

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   |

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<br> | Date<br><b>11/10/2009</b> |
|---------------------------------------------------------------------------------------------------------------|---------------------------|

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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(3/2005)

11/16/09  
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