

FEC FORM 2

STATEMENT OF CANDIDACY

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15 JUN -9 PM 5:11

1. (a) Name of Candidate (in full) Mr. Chrysovalantis P. Kefalas		
(b) Address (number and street) PO Box 5197		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Baltimore MD 21224		2. Candidate's FEC Identification Number
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate
6. State & District of Candidate MD 00		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Kefalas for Maryland, Inc.		
(b) Address (number and street) PO Box 5197		
(c) City, State, and ZIP Code Baltimore MD 21224		

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 Chrysovalantis P. Kefalas 	Date 05/15/2015
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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. 02/2009)

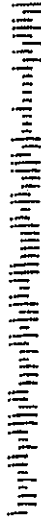
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P.O. Box 5197
Baltimore, MD 21224

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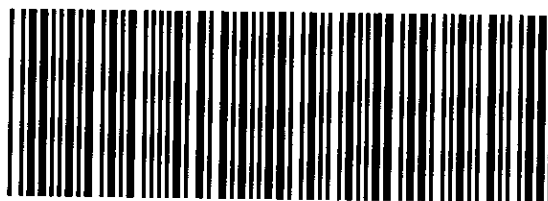
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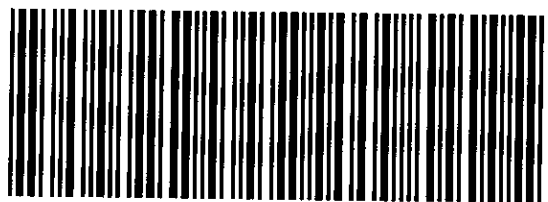
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