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FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)		
THOMAS A. GURRENTE (b) Address (number and street) Check if address changed		
(b) Address (number and street) Check if address changed CERMANTOWN DEVE	2. Candidate's FEC Identification Number	
(c) City. Stafe, and ZIP Code	3. Is This New Amended	
FAIRVIEW PK office YY126 4. Party Affiliation 5. Office Sought CONGRESS 6. State & Distr	3. Is This New Amended Statement (N) OR (A)	
4. Party Affiliation 5. Office Sbught CONGRESS 6. State & Distr LEPUBLICAN HOUSE OF REP. O	rict of Candidate	
REPUBLICAN HOUSE OF REP. Office - 10		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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)		
CITIZENS WITH TOM GUARENTE		
(b) Address (number and street)		
19885 DETROIT ROAD # 2"	98	
(c) City, State, and ZIP Code		
ROCKY RIVER, Ottio 44116		
Party (Civil)		
DESIGNATION OF OTHER AUTHORIZED		
(Including Joint Fundraising Representatives)		
8. I hereby authorize the following named committee, which is NOT my principal campaign comcandidacy.	nmittee, to receive and expend funds on behalf of my	
NOTE: This designation should be filed with the principal campaign committee.	• • • • • • • • • • • • • • • • • • • •	
(a) Name of Committee (in full)	***************************************	
(a) Name of Continues (in fair)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		
·		
I south that I have exemined this Statement and to the heat of my linearized as	nd holief it in two powers and appeals	
I certify that I have examined this Statement and to the best of my knowledge a		
Signature of Candidate	Date	
	7/1/2011	
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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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राजा सम्बद्ध कि प्रमुख के कि प्राप्त के कि		
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