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FEC FORM 2 (REV. 02/2009)

## FEC FORM 2 STATEMENT OF CANDIDACY

	يكتن فتحكنه بي							يتعن ويستند بيوس	السمعان بالسمع	
1. (a) Name of Candidate (in full)  STEPHENE ANN MODRE										
(b) Addro	Ss (number ar		2. Candidate's FEC Ide	ntification Numbe	<del>,</del>					
(b) Addie.		319 P	2. Carolidate 31 LO Ide	nuncation runnos						
(c) City, State, and ZIP Code							3. Is This N Statement (N	ew () OR	Amended	
4. Party Affil		N-6KG	5. Office Sou		13 6		rict of Candidate	1) On	(A)	
	EM		Hov	ĭ S€			-03			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>Z010</u> 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)								
	FRIE	ンクに	OF	STETH	ene	MOURE	-			
(b) Addres	ss (number ar									
	P. 0	. Box	19	220						
(c) City, S	tate, and ZIP	Code								
	Sha	wher	. Mis	,~012	ΚZ	662	185			
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										
4-4 - 4-4 - 1-4 -										
	·		··· <del>·</del>							
7		at I have exar	nined this St	atement and to	the best o	f my knowledge a	and belief it is true, correct	and complete.		
Signature of	Candidate						Date		•	
	ller	ell	one				4-4-10	1		
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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No Postmark								
Overnight Delivery Service (Specify):	Shipping Date							
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81	4/6/10							
PREPARER (3/2005)	DATE PREPARED							