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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
STEFFEL, KYLE, JOSEPH, ,

(b) Address (number and street) ☐ Check if address changed
1197 EASTON DRIVE

2. Candidate's FEC Identification Number
H0OH13185

(c) City, State, and ZIP Code
AKRON OH 44310

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
House

6. State & District of Candidate
OH 13

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)
STEFFEL FOR CONGRESS

(b) Address (number and street)
1197 EASTON DRIVE

(c) City, State, and ZIP Code
AKRON OH 44310

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	Date
STEFFEL, KYLE, , , ***[Electronically Filed]***	01/12/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.