FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (in full) | | | | | | | | |
|--|-------------------------|----------------------------|--------------|------------------|-------------------------|--|--------------------|--|
| Kohne, Steven, Chase, Dr | •• | | | | | | | |
| (b) Address (number and street 2515 Coach House Loop |) □ Che | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number H8CO04083 | | |
| (c) City, State, and ZIP Code | | | | | 3. Is This | New | Amende | |
| Castle Rock | | CO | 8010 | 9 | Statement | x (N) OI | R (A) | |
| 4. Party Affiliation | 5. Office Sought | | | 6. State & Distr | rict of Candidate | | | |
| DEMOCRATIC PARTY | House | | | СО | 04 | | | |
| | DESIGNATION | OF PRIN | CIPAL | CAMPAIGN | N COMMITTE | E | | |
| 7. I hereby designate the following | named political com | mittee as my F | Principal (| Campaign Comm | | of election) ele | ction(s). | |
| NOTE: This designation should | be filed with the appr | opriate office | listed in th | ne instructions. | | | | |
| (a) Name of Committee (in full) | _ | | | | | | | |
| Chase Kohne for | Congress | | | | | | | |
| (b) Address (number and street PO BOX 306 |) | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | |
| Castle Rock | | | | CO | 80104 | | | |
| | | | | | | | | |
| | DESIGNATION | OF OTHE | ER AU | THORIZED | COMMITTEE | S | | |
| | | | _ | g Representative | | | | |
| I hereby authorize the following candidacy. | named committee, w | hich is NOT m | ny principa | al campaign com | nmittee, to receive a | and expend fur | ds on behalf of my | |
| NOTE: This designation should | be filed with the princ | cipal campaigr | committe | ee. | | | | |
| (a) Name of Committee (in full) | | | | | | | | |
| | | | | | | | | |
| (b) Address (number and street |) | | | | | | | |
| (b) Madrood (Mambol and direct | , | | | | | | | |
| | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | |
| | | | | | | | | |
| L certify that I have | examined this State | ment and to the | e best of | mv knowledge a | nd belief it is true. (| correct and con | oplete. | |
| Signature of Candidate | oxammod tino otator | There are to the | | | Date | | | |
| Kohne, Steven, Chase, Dr., | | | | | | | | |
| Konne, Sieven, Chase, Dr., | | | [Elect | ronically Filed] | 05/11/2017 | | | |
| NOTE: Submission of false, errone | eous, or incomplete in | formation may | subject t | he person signin | ng this Statement to | penalties of 2 | U.S.C. §437a | |
| | ,, | - Indiana, | | - F | | | | |
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FEC FORM 2 (REV. 02/2009)