

2007 JUN 13 A 9:40

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Attorney at Law

Dr. Thomas Robert Stevens

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2011 JUN 13 AM 8:50

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Thomas Robert Stevens		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 331 Willis Avenue, 2nd Floor		2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code Mineola, New York 11501		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Objectivist	5. Office Sought President	6. State & District of Candidate United States of America

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) Committee To Elect Thomas Robert Stevens President
(b) Address (number and street) 331 Willis Avenue, 2nd Floor
(c) City, State, and ZIP Code Mineola, New York 11501

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 Thomas Robert Stevens	Date June 5, 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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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