

**FEC FORM 2
STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) Michael Macfarlane		2. Identification Number FEC MAIL CENTER
(b) Address (number and street) <input type="checkbox"/> Check if address changed 7010 Penfield Place		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Prospect, KY 40059		
4. Party Affiliation Republican	5. Office Sought House	6. State & District of Candidate Kentucky 3rd District

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) Macfarlane for Congress
(b) Address (number and street) 7010 Penfield Place
(c) City, State, and ZIP Code Prospect, KY 40059

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 <i>M. Macfarlane</i>	Date 10-13-2013
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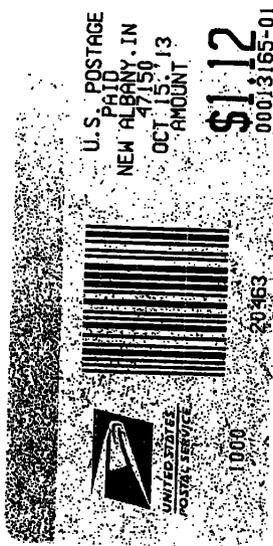
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Urology Care, LLC
Abraham Flexner Way #901
Louisville, KY 40202-3841



Federal Election Commission
999 E Street, NW
Washington, DC 20463

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PREPARER

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