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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Steen, Kovin, Adam., (b) Address (number and street) PO Box 019. State, and ZIP Code Salem WI 53168 3. Is This New Amended Salem WI 53168 4. Party Alliasion REPUBLICAN PARTY Brown of Filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) Friends of Kevin Adam Steen (b) Address (number and street) PO Box 0185 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Representatives) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Representatives) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Representatives) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Representatives) NOTE: This designation should be filed with the 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 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 certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. 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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FEC FORM 2 (REV. 02/2009)