

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>KEVIN DUANE WEST</u>		2016 OCT -3 AM 11:51
(b) Address (number and street) <u>1721 SHAWNA COURT</u> <input checked="" type="checkbox"/> Check if address changed		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <u>Klamath Falls, OR 97603</u>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <u>Independent</u>	5. Office Sought <u>President</u>	6. State & District of Candidate <u>OREGON</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) <u>TECHNICIANS NOT POLITICIANS FOR KEVIN WEST FOR PRESIDENT</u>
(b) Address (number and street) <u>1721 SHAWNA COURT</u>
(c) City, State, and ZIP Code <u>Klamath Falls, OR 97603</u>

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 <u>[Signature]</u>	Date <u>9/28/16</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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PREPARER

10/3/16
DATE PREPARED