

# FEC FORM 2

## STATEMENT OF CANDIDACY

RECEIVED  
FEC MAIL CENTER

1. (a) Name of Candidate (in full) <b>FRANCIS X. RYAN</b>		2009 MAY 18 A 9:07
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>1273 ASH LANE</b>		2. Candidate's FEC Identification Number <b>H4 PA 17042</b>
(c) City, State, and ZIP Code <b>LEBANON, PA 17042</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>REPUBLICAN</b>	5. Office Sought <b>HOUSE</b>	6. State & District of Candidate <b>PA-17</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) <b>FRIENDS OF FRANK RYAN</b>
(b) Address (number and street) <b>710 BRIDGE ST</b>
(c) City, State, and ZIP Code <b>NEW CUMBERLAND, PA 17070</b>

### 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 <b>Fr Ryan</b>	Date <b>5/12/09</b>
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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"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

5/18/09  
 DATE PREPARED