

SECRETARY OF THE SENATE  
06 OCT -4 PM 1:20

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (In full) <b>Cynthia H. Thielen</b>			2. Identification Number	
(b) Address (number and street) <b>55 Kai Nani Place</b>		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code <b>Kailua, HI 96734</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>Senate</b>	6. State & District of Candidate <b>Statewide</b>		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 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)  
**Cynthia Thielen To Senate**

(b) Address (number and street)  
**P. O. Box 996**

(c) City, State, and ZIP Code  
**Kailua, HI 96734**

### 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

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

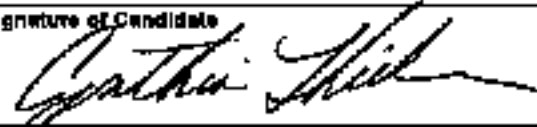
9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 40D.9) by

9A  for the primary election, and

9B  for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 	Date <b>September 26, 2006</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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26020691865

26020691866

7005 2570 0001 5483 7486



RETURN RECEIPT  
REQUESTED

TO

**IMS, INC.**  
ACCOUNTING AND MANAGEMENT SERVICES  
48-001 KAMEHAMEHA HWY, SUITE 201  
KANEHOE, HAWAII 96744

Secretary of the Senate  
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PO Box 5109  
Alexandria, VA 22301-0109

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THE SENATE  
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# United States Senate

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OFFICE OF PUBLIC RECORDS

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### OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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PREPARER

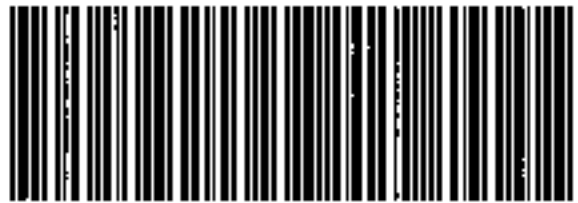
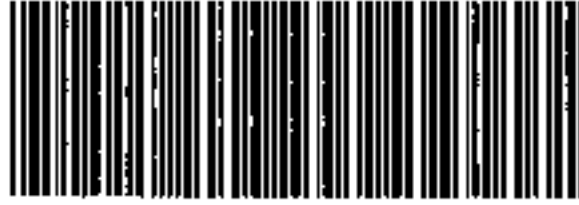
RD

DATE PREPARED

10-04-06

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26020691868



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