FEC	FORM	2
STATE	MENT OF	<b>CANDIDACY</b>

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(a) Name of Candidate (in full)       RENEE       ANDRE       STEPHENS         (b) Address (number and street)       Check if address changed       2. FEC Ca         (c) City, State, and ZIP Code       (a) Is Thi         Party Affiliation       (b) ORC 97219       (c) City, State, and ZIP Code         Party Affiliation       (b) ORC 97219       (c) City, State, and ZIP Code         Party Affiliation       (c) ORC 97219       (c) City, State & District of Candidate (in full)         If FORWARD       DRESIGNATION OF PRINCIPAL CAMPAIGN COMM         I hereby designate the following named political committee as my Principal Campaign Committee for the NOTE: This designation should be filed with the appropriate office listed in the instructions.         (a) Name of Committee (in full)       RENEE ANDRE STEPHENS For PRE         (b) Address (number and street)       TIBS SW S47* AVE.         (c) City, State, and ZIP Code       DESIGNATION OF OTHER AUTHORIZED COMMIT (including Joint Fundraising Representatives)         1. I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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         (c) City, State, and ZIP Code       Icertify that I have examined this Statement and to the best of my knowledge and belief it.	RECEIVED FFC MAIL CENTER
RENEE       ANDRE       STEPHENS         (b) Address (number and street)       Check if address changed       2. FEC Cr         7135       SW SYTM AVE.       3. Is Thi         (c) City, State, and ZIP Code       9. OP       97219         Pary Affiliation       5. Office Sought       6. State & District of Candi         TFORWARD       PRESIDENTIAL       6. State & District of Candi         DERSIGNATION OF PRINCIPAL CAMPAIGN COMMING       5. Office Sought       6. State & District of Candi         Thereby designate the following named political committee as my Principal Campaign Committee for the NOTE: This designation should be filed with the appropriate office listed in the instructions.       (a) Name of Committee (in full)         RENEE       ANDRE       STEPHENS       For         (c) City, State, and ZIP Code       PRESIGNATION OF OTHER AUTHORIZED COMMING (including Joint Fundralising Representatives)         1. hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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         (b) Address (number and street)       (c) City, State, and ZIP Code       Date	20 AM 8: 13
(b) Address (number and street)       Check if address changed       2. FEC Cr.         (c) City, State, and ZIP Code       3. Is Thi         (c) City, State, and ZIP Code       5. Office Sought         (c) City, State, and ZIP Code       6. State & District of Candidato.         (c) City, State, and ZIP Code       6. State & District of Candidato.         (c) City, State, and ZIP Code       6. State & District of Candidato.         (c) City, State, and ZIP Code       6. State & District of Candidato.         (c) City, State, and ZIP Code       6. State & District of Candidato.         (d) Name of Committee (in full)       6. State & District of Candidato.         (e) City, State, and ZIP Code       71.35         (f) City, State, and ZIP Code       71.35         (c) City, State, and ZIP Code       71.35         (d) Name of Committee (in full)       71.35         DESIGNATION OF OTHER AUTHORIZED COMMIT (Including Joint Fundraising Representatives)         A. I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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.	2015 JUL 29 AM 8: 13
(c) City, State, and ZIP Code       3. Is Thi State         PORTLAND       OR       972.19         Party Attiliation       5. Office Sought       6. State & District of Candi TFORWARD         PRESIDENTIAL       6. State & District of Candi TFORWARD       5. Office Sought         INFORMARD       FRESIDENTIAL       6. State & District of Candi TFORWARD         INFORMARD       DESIGNATION OF PRINCIPAL CAMPAIGN COMMINATION OF PRINCIPAL CAMPAIGN COMMINATION OF PRINCIPAL CAMPAIGN COMMINATION OF ORDER STEPHENS       Committee (in the Instructions.         (a) Name of Committee (in full)       INTERT AVE.       (c) City, State, and ZIP Code         TIBS       SUSSEX       SUSSEX       FOR PRESIDENTIAL         DESIGNATION OF OTHER AUTHORIZED COMMINATION (Including Joint Fundralising Representatives)       1. Including Joint Fundralising Representatives)         1. Interesty authorize the following named committee, which is NOT my principal campaign committee, to r 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.       Signature of Candidate         I certify that I have examined this Statement and to the best of my knowledge and belief it.       Signature of Candidate	Indidate Identification Number
Party Affiliation       5. Office Sought       6. State & District of Candi         IT FORWARD       PRESIDENTIAL       6. State & District of Candi         IPERSHIP SOCIETY       DESIGNATION OF PRINCIPAL CAMPAIGN COMM         I hereby designate the following named political committee as my Principal Campaign Committee for the NOTE: This designation should be filed with the appropriate office listed in the instructions.       (a) Name of Committee (in full)         RENEE ANDRE STEPHENS FOR PRE       (b) Address (number and street)       TIBS SW S4Th AVE.         (c) City, State, and ZIP Code       PORTLAND OF OTHER AUTHORIZED COMMIT         (Including Joint Fundraising Representatives)       1. hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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         (c) City, State, and ZIP Code       I certify that I have examined this Statement and to the best of my knowledge and belief it.         Signature of Candidate       Date	
Image: State and Street       PRESIDENTIAL         Indexship       Society         DESIGNATION OF PRINCIPAL CAMPAIGN COMM         Intereby designate the following named political committee as my Principal Campaign Committee for the NOTE: This designation should be filed with the appropriate office listed in the instructions.         (a) Name of Committee (in full)         Image: Remer Committee Committee (in full)         Image: Remer Committee Committee Committee Committee (in full)         Image: Remer Committee Committee Committee Committee Committee Committee Committee (in full)         Image: Remer Committee	
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I hereby designate the following named political committee as my Principal Campaign Committee for the NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full)   RENEE ANDRE STEPHENS FOR PRE   (b) Address (number and street)   TI35 SW 54 <sup>th</sup> Aves.   (c) City, State, and ZIP Code   DESIGNATION OF OTHER AUTHORIZED COMMIT (Including Joint Fundralising Representatives)   4. I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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	ITTEE
NOTE: This designation should be filed with the appropriate office listed in the instructions.         (a) Name of Committee (in full)         RENEE ANDRE STEPHENS For PPE         (b) Address (number and street)         71355 SW 54 <sup>th</sup> Ave.         (c) City, State, and ZIP Code         DESIGNATION OF OTHER AUTHORIZED COMMIT (Including Joint Fundraising Representatives)         1. I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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.         Signature of Candidate       Date	2 0:1
(a) Name of Committee (in full)         RENEE ANDRE STEPHENS FOR PRE         (b) Address (number and street)         7135 SW 54 <sup>th</sup> Ave.         (c) City, State, and ZIP Code         DESIGNATION OF OTHER AUTHORIZED COMMIT (Including Joint Fundraising Representatives)         A thereby authorize the following named committee, which is NOT my principal campaign committee, to r 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.         Signature of Candidate       Date	(vear of election)
RENEE ANDRE STEPHENS FOR PRE         (b) Address (number and street)         71355 SW 54th Ave.         (c) City, State, and ZIP Code         DESIGNATION OF OTHER AUTHORIZED COMMIT (Including Joint Fundraising Representatives)         A I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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 it         Signature of Candidate         Mathematical Statement and to the best of my knowledge and belief it it	
(b) Address (number and street) <u>TI35 SW 54<sup>th</sup> Ave</u> . (c) City, State, and ZIP Code <u>POETLAND</u> <u>OP</u> <u>972-19</u> <u>DESIGNATION OF OTHER AUTHORIZED COMMIT</u> (Including Joint Fundraising Representatives) 4. I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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 <u>I certify that I have examined this Statement and to the best of my knowledge and belief it</u> . Signature of Candidate <u>Signature of Candidate</u> <u>Signature of Candidate</u> <u>Automatical Statement and to the best of my knowledge and belief it</u> .	
(c) City, State, and ZIP Code         FORTLAND       OP       972.19         DESIGNATION OF OTHER AUTHORIZED COMMIT (Including Joint Fundraising Representatives)         8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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         Signature of Candidate       Date	SIDENT
(c) City, State, and ZIP Code         FORTLAND       OP       972.19         DESIGNATION OF OTHER AUTHORIZED COMMIT (Including Joint Fundraising Representatives)         8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to r 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         Signature of Candidate       Date	
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(Including Joint Fundraising Representatives)	······································
(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 Signature of Candidate Date	eceive and expend funds on behalf of m
(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 Signature of Candidate Date Date	
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I certify that I have examined this Statement and to the best of my knowledge and belief it is Signature of Candidate Date	
Signature of Candidate Date	
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this State	7/19/2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this State	11112-15
	ement to penalties of 52 U.S.C. §30109.
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