

FEC FORM 2

STATEMENT OF CANDIDACY

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|--|--|--|--|
| 1. (a) Name of Candidate (in full) STENY HAMILTON HOYER | | 2. Identification Number H2MD05155 | |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed 7905 Malcolm Road Suite 102 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | |
| (c) City, State, and ZIP Code Clinton, Maryland 20735 | | 6. State & District of Candidate Maryland/Fifth | |
| 4. Party Affiliation Democrat | 5. Office Sought U.S. House of Reps | | |

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) Hoyer for Congress |
| (b) Address (number and street) 7905 Malcolm Road Suite 102 |
| (c) City, State, and ZIP Code Clinton, Maryland 20735 |

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. 400.9) 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 6/23/05 |
|--|-----------------|

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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