

**FEC FORM 2  
STATEMENT OF CANDIDACY**

SECRETARY OF THE SENATE  
09 MAY 26 PM 1:25

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09 MAY 26 PM 1:25

1. (a) Name of Candidate (in full) Richard M. Burr		2. Identification Number S4NC00089	
(b) Address (number and street) Post Office Box 5928		<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code Winston-Salem NC 27113-		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate NC 00	

**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) The Richard Burr Committee		
(b) Address (number and street) Post Office Box 5928		
(c) City, State and ZIP Code Winston-Salem NC 27113-		

**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) 2009 Senators Classic Committee		
(b) Address (number and street) 228 S. Washington Street Suite 115		
(c) City, State and ZIP Code Alexandria VA 22314-		

**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	<input type="text" value="0.00"/>	for the primary election, and
9B	<input type="text" value="0.00"/>	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 Richard M. Burr	Date 05/12/2009
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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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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

**[ ADDITIONAL ]**

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.

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(a) Name of Committee (in full)

The Richard Burr Victory Committee

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(b) Address (number and street)

1506 Hillsborough Street

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(c) City, State and ZIP Code

Raleigh

27605

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29020204039

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Senate  
Gene Rush to Address

United States Senate  
Post Office

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United States  
Post Office  
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Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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United States Senate  
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FOR INSPECT

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Mo. Day Year	Month Day	Total Postage & Fees \$	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery Non <input type="checkbox"/> 3 PM Military <input type="checkbox"/>	Acceptance Emp. Initials	
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Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

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1701020206



US  
BWD  
For

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-2118  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 05-19-09  
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OVERNIGHT DELIVERY SERVICE:

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

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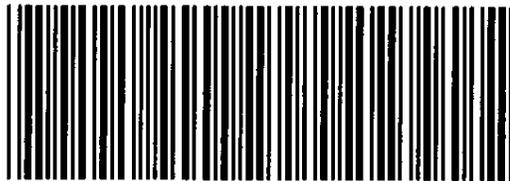
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29020204042



29020204043