

# FEC FORM 2

## STATEMENT OF CANDIDACY

RECEIVED  
 FEDERAL ELECTION COMMISSION  
 MAY 25 10:27 AM '11

1. (a) Name of Candidate (in full) <b>John Allen Abarr</b>		2011 MAY 25 A 10:27
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>112 6th St. N. #3</b>		2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code <b>Great Falls, MT 59401</b>		3. Is This Statement <input checked="" type="radio"/> New (N) OR <input type="radio"/> Amended (A)
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>US House of Rep.</b>	6. State & District of Candidate <b>Montana</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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 John Abarr</b>
(b) Address (number and street) <b>112 6th St. N. #3</b>
(c) City, State, and ZIP Code <b>Great Falls, MT 59401</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

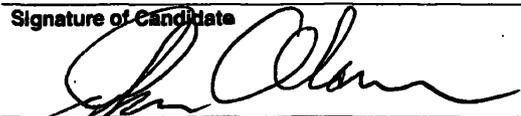
(Including Joint Fundraising Representatives)

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 	Date <b>5-16-11</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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMP*  
 PREPARER

*5/25/11*  
 DATE PREPARED

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