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FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
LINCOLN D. CHAFEE

(b) Address (number and street) ☐ Check if address changed
PO BOX 7329

(c) City, State, and ZIP Code
WARWICK, RI 02887

2. Identification Number
S8RI00102

3. Is This Statement ☐ New (N) OR ☒ Amended (A)

4. Party Affiliation
REPUBLICAN

5. Office Sought
US SENATE

6. State & District of Candidate
RHODE ISLAND

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)
CHAFEE FOR SENATE

(b) Address (number and street)
PO BOX 7329

(c) City, State, and ZIP Code
WARWICK, RI 02887

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)
2005 SENATORS' CLASSIC COMMITTEE

(b) Address (number and street)
PO BOX 75103

(c) City, State, and ZIP Code
WASHINGTON, DC 20013

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 0.00 for the primary election, and

9B 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: C. L. Chafee

Date: 8/6/05

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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FEC FORM 2
STATEMENT OF CANDIDACY (CONTINUED)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives) [ADDITIONAL]

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)

2005 LEADER'S ALLIANCE COMMITTEE

(b) Address (number and street)

PO BOX 75103

(c) City, State, and ZIP Code

WASHINGTON, DC 20013

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CHAFEE FOR SENATE
PO BOX 7809
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SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
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United States Senate

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