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SECRETARY OF THE SENATE

04 JAN -6 AM 11:59

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Thomas A. Daschle

(b) Address (number and street) ☐ Check if address changed
PO Box 1656

2. Identification Number
S6SD00028

(c) City, State, and ZIP Code
Sioux Falls, SD 57101

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

4. Party Affiliation: Democrat
5. Office Sought: US Senate
6. State & District of Candidate: South Dakota

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
A Lot of People Supporting Tom Daschle, Inc.

(b) Address (number and street)
PO Box 1656

(c) City, State, and ZIP Code
Sioux Falls, SD 57101

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)
Daschle-Leahy Victory Fund

(b) Address (number and street)
503 Capitol Court NE, Ste 100

(c) City, State, and ZIP Code
Washington, DC 20002

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: Tom Daschle

Date: 12/23/03

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

om
aschle

O Box 1656
Falls, SD 57101

FIRST CLASS

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 312
WASHINGTON, DC 20510-7116
PHONE 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

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_____**FAX (48-HOUR NOTICES)**
_____**FAX (FEC FORM #10)**
_____**FAX (CAMPAIGN REPORT)** _____
Date of Receipt

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Preparer **Date Prepared**

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