23020512162

SECRETARY OF THE SENATE

03 DEC 29 PM 12: 05

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Barbara A. Mikulski

(b) Address (number and street) ☐ Check if address changed
P.O. Box 13147

2. Identification Number
C00199273

(c) City, State, and ZIP Code
Baltimore MD 21203

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

4. Party Affiliation: Democrat

5. Office Sought: U.S. Senate

6. State & District of Candidate: Maryland

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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)
Mikulski for Senate Committe, Inc.

(b) Address (number and street)
P.O. Box 13147

(c) City, State, and ZIP Code
Baltimore MD 21203

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 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: Barbara A. Mikulski

Date: 12-24-03

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

FE2AN009.PDF

FEC FORM 2 (REV. 02/2003)

13197

MD 21203

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

CERTIFIED MAIL

7003 1010 0003 8018 3263

RETURN RECEIPT REQUESTED

23020512163

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To: Office of Public Records

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Alexandria VA 22301

Attn: Secretary of Senate

Post

23020512164

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7110
PHONE: 202-224-0422

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

_____HAND DELIVERED_____
Date of Receipt

✓ REGISTERED/CERTIFIED MAIL 12-24-03
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Date of Receipt

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_____ PRIORITY MAIL
_____ EXPRESS MAIL
_____ FEDERAL EXPRESS
_____ UPS
_____ AIRBORNE EXPRESS_____
Postmark and/or Date of Receipt

_____FIRST CLASS MAIL_____
Postmarked

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

_____NO POSTMARK _____POSTMARK ILLEGIBLE

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Date of Receipt

RD 12-29-03
Preparer Date Prepared

23020512165