FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
T. Timothy Holden

(b) Address (number and street)
31 Pearl Street

2. Identification Number
H2PA06080

(c) City, State and ZIP Code
SAINT CLAIR PA 17970

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

4. Party Affiliation
DEMOCRATIC PARTY

5. Office Sought
House

6. State & District of Candidate
PA 17

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 (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)
Friends of Congressman Tim Holden

(b) Address (number and street)
16 N. Second St. P.O. Box 37

(c) City, State and ZIP Code
St. Clair PA 17970

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)
Frontline Democrats

(b) Address (number and street)
430 South Capitol Street, SE

(c) City, State and ZIP Code
Washington DC 20003

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. 400.8) 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	Date
T. Timothy Holden	07/14/2005

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