HORAN, GOLDEN & COMPANY, LTD. 46 HOLLEY STREET, P.O. BOX 150, WAKEFIELD, RI 02880

SECRETARY OF THE SENATE

05 APR -1 PM 2:34

FAX

Date: 3/31/05

Number of pages including cover sheet:

To: The Federal Election Commission

Phone:

Fax phone: 202-219-0174

RE: FEC FORM 2

From: Sheldon Whitehouse

Phone: (401) 783-1040

Fax phone: (401) 782-1040

e-mail: GENERAL@HORANGOLDENCPAS.COM

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

SECRETARY OF THE SENATE

05 APR -1 PM 2:34

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
SHELDON WHITEHOUSE II

(b) Address (number and street) ☐ Check if address changed
33 ELMGROVE AVENUE

2. Identification Number

(c) City, State, and ZIP Code
PROVIDENCE, RI 02906

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

4. Party Affiliation: DEMOCRAT
5. Office Sought: U.S. 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 (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)
WHITEHOUSE '06

(b) Address (number and street)
PO BOX 150

(c) City, State, and ZIP Code
WAKEFIELD, RHODE ISLAND 02880

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. 400.8) by

9A ☐ for the primary election, and

9B ☐ 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: [signature] Date: 3/30/05

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

FEC FORM 2 (REV. 04/2003)

25020113265

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GRVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

____ HAND DELIVERED _____
Date of Receipt

____ REGISTERED/CERTIFIED MAIL _____
Postmarked

✓ RECEIVED FROM THE FEDERAL ELECTION COMMISSION 04-01-05
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
____ PRIORITY MAIL /WITH CONFIRMATION SHEET
____ EXPRESS MAIL
____ FEDERAL EXPRESS
____ UPS
____ DHL
____ AIRBORNE EXPRESS _____
Postmark

____ PRIORITY MAIL (NO CONFIRMATION) _____
Date of Receipt

____ FIRST CLASS MAIL _____
Date of Receipt

____ FAX _____
Date of Receipt

____ NO POSTMARK ____ POSTMARK ILLEGIBLE

____ OTHER _____
Date of Receipt

RD 04-01-05
Preparer Date Prepared