

FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 JUL 13 11 3-57

1. (a) Name of Candidate (in full) John Boozman		2. Identification Number C00476317
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 671		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Rogers, AR 72757-0671		6. State & District of Candidate Arkansas 00
4. Party Affiliation Rep	5. Office Sought Senate	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) Boozman for Arkansas
(b) Address (number and street) PO Box 671
(c) City, State, and ZIP Code Rogers, AR 72757-0671

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

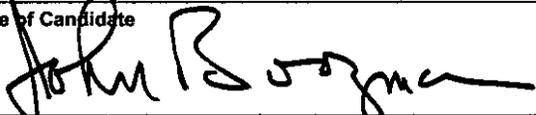
(Including Joint Fundraising Representatives)

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) 2015 Senators Classic Committee
(b) Address (number and street) 228 S. Washington ST., Suite 115
(c) City, State, and ZIP Code Alexandria, VA 22314

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
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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 (REV. 12/2008)

201507130200181318

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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.

Boozman Victory Committee

(a) Name of Committee (in full)

228 South Washington St., Suite 115

(b) Address (number and street)

Alexandria, VA 22314

(c) City, State, and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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.

Boozman Victory 2016

(a) Name of Committee (in full)

901 North Washington St., Ste 700

(b) Address (number and street)

Alexandria, VA 22314

(c) City, State, and ZIP Code

201507130200181319

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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.

Friends of John and Ander

(a) Name of Committee (in full)

824 Milledge Ave., Ste 1010

(b) Address (number and street)

Athens, GA 30605

(c) City, State, and ZIP Code

201507130200181320

EXTREMELY URGENT

Please Rush To Addressee

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Schedule package pickup right from your home or office at usps.com/pickup
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BY THE SENATE
* PRIORITY MAIL
* EXPRESS OFFICE



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
PHONE: 478-464-7826
2006-07-11
11:00 AM
11:00 AM

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COO service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options
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 - Sunday/Holiday Delivery Required (additional fee, where available)
 - 10:30 AM Delivery Required (additional fee, where available)
 - "Rate to USPS.com" or local Post Office for availability.

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113/15 7:44 A.M. C. Kelly
PSN 7590-02-000-9996

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PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	Insurance Fee
		\$	\$
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transport
	<input type="checkbox"/> 10:30 AM / <input type="checkbox"/> 3:00 PM / <input type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Total Postage & Fees	
	<input type="checkbox"/> AM / <input type="checkbox"/> PM	\$	\$
Weight	Sunday/holiday Premium Fee	Acceptance Employee Initials	
	\$		
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YY) Time	<input type="checkbox"/> AM / <input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YY) Time	<input type="checkbox"/> AM / <input type="checkbox"/> PM	Employee Signature	



PS10001000006

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 7-11-15
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

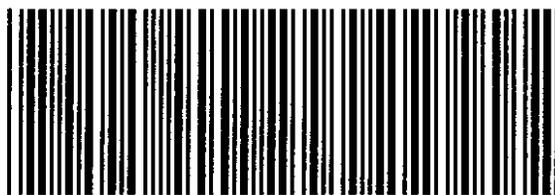
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-13-15

201507130200181322



SEN PATCH



SEN PATCH

201507130200181323