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FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE
05 FEB 17 PM 4:30

1. (a) Name of Candidate (in full): James W. DeMint
(b) Address (number and street): P.O. Box 12425 ☐ Check if address changed
(c) City, State, and ZIP Code: Columbia, SC 29211
2. Identification Number: S4-SC00083
3. Is This Statement: New (N) OR X Amended (A)
4. Party Affiliation: Republican
5. Office Sought: U.S. Senate
6. State & District of Candidate: South Carolina

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): DeMint for Senate Committee, Inc.
(b) Address (number and street): P.O. Box 12425
(c) City, State, and ZIP Code: Columbia, SC 29211

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: Jim DeMint
Date: 2/17/05

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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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7110
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 02-17-05
Date of Receipt

____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
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 02-17-05
Preparer **Date Prepared**

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