23020472520

SECRETARY OF THE SENATE
03 OCT 31 PM 1:00

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
INEZ MOORE TENENBAUM

(b) Address (number and street)
1314 LINCOLN ST STE 308

2. Identification Number
S4SC00126

(c) City, State and ZIP Code
COLUMBIA SC 29201

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

4. Party Affiliation	5. Office Bought	6. State & District of Candidate
DEMOCRATIC PARTY	Senate	SC 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 (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)
Inez Tenenbaum for US Senate

(b) Address (number and street)
1314 Lincoln Street Suite 308

(c) City, State and ZIP Code
Columbia SC 29201

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)
The Farmer-Tenenbaum Victory Fund

(b) Address (number and street)
120 Maryland Avenue NE

(c) City, State and ZIP Code
Washington DC 20002

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: Inez Moore Tenenbaum
INEZ MOORE TENENBAUM

Date: October 27, 2003

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

CERTIFIED MAIL

FLAT RATE ENVELOPE

[redacted]IGHT

SOBRE DE TARIFA ÚNICA

TARIFA DE FRANQUEO DE 2 LIBRAS SIN CONSIDERA

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29211
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23020472521

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1. COMPLETE ADDRESS LABEL AREA
Type or print required return address and addressee information.

ESCRIBA LA DIRECCION EN EL AREA INDICADA
Escriba en letras de imprenta la dirección del remitente y la del destinatario.

2. PAYMENT METHOD
Affix postage, meter strip or PC postage label to area indicated in upper right hand corner.

FORMA DE PAGO
En el área superior del lado derecho, coloque sello postal, franja de máquina franqueadora o etiqueta de franqueo impreso por computadora.

3. ATTACH LABEL (If provided)
Remove label backing and adhere where indicated.

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UNITED STATES POSTAL SERVICE

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From TENENBAUM FOR SENATE
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Columbia, SC 29211

LN 10.30.03

TO Public Records office
Secretary of the Senate
P.O. Box 5109
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23020472522

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
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** 10-28-03
Postmarked

_____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

_____ **OTHER (Specify):** _____
_____ **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**

_____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

RD — 10-31-03
Preparer — **Date Prepared**

23020472523