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FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
John Edwards

(b) Address (number and street) ☒ Check if address changed
1201 Old Greensboro Road

2. Identification Number
P40002347

(c) City, State, and ZIP Code
Chapel Hill, NC 27516

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

4. Party Affiliation
Democrat

5. Office Sought
President

6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 (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)
John Edwards for President

(b) Address (number and street)
410 Market Street, Suite 400

(c) City, State, and ZIP Code
Chapel Hill, NC 27516

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)
None

(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 ☐ 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 John Edwards

Date 01 03 / 02 / 07

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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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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