

03 OCT 16 PM 12:48

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <u>Burton Joseph Cohen</u>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>27 Beach Hill Rd</u>		2. Identification Number <u>54NH00047</u>
(c) City, State, and ZIP Code <u>New Castle, NH 03884</u>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>U.S. Senate</u>	6. State & District of Candidate <u>New Hampshire</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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) <u>Cohen For New Hampshire</u>
(b) Address (number and street) <u>507 State St.</u>
(c) City, State, and ZIP Code <u>Portsmouth, NH 03801</u>

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

BA	<u>0.00</u>	for the primary election, and
BB	<u>0.00</u>	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 <u>Burton Joseph Cohen</u>	Date <u>10/8/03</u>
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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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Burt
COHEN
U.S. Senate

COHEN FOR NEW HAMPSHIRE
PO Box 4217
Portsmouth, NH 03804

Office of Public Records
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Alexandria, VA 22301-0109

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