

# STATEMENT OF CANDIDACY

(see reverse side for instructions)

RECEIVED  
SECRETARY OF THE SENATE  
00 FEB -1 AM 11-22  
HAND DELIVERED

1. (a) Name of Candidate (in full) Paul Harry Rappaport			2. Identification
(b) Address (number and street) <input type="checkbox"/> Check if address changed 12137 Two Penny Court			
(c) City, State, and ZIP Code Ellicott City, MD 21042			
3. Party Affiliation Republican	4. Office Sought Senator	5. State & District of Candidate Maryland	

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

6. I hereby designate the following named political committee as my Principal Campaign Committee for the 2000 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed below.

(a) Name of Committee (in full) Paul Rappaport for U.S. Senate
(b) Address (number and street) P.O. Box 1244
(c) City, State, and ZIP Code Ellicott City, MD 21041

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

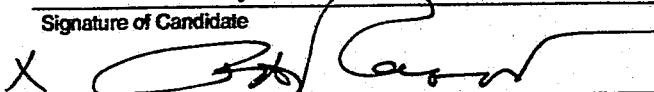
(Including Joint Fundraising Representatives)

7. 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

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 X 1-28-00
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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.

### CANDIDATES FOR THE OFFICE OF:

U.S. Senate mail to:  
Secretary of the Senate  
Office of Public Records  
232 Hart Senate Office Bldg.  
Washington, DC 20510-7116

All other candidates  
mail to:  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

For further information contact:  
Federal Election Commission  
Toll-free 800/424-9530  
Local 202/694-1100

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**FEC FORM 2**  
(revised 4/87)

