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icon next to each line number.

FEC FORM 2

STATEMENT OF CANDIDACY

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14 APR 8 PM 2:38

1. (a) Name of Candidate (in full) Danny Page			2. Identification Number		
(b) Address (number and street) 119 Briarwood dr.			☐ Check if address changed		
(c) City, State, and ZIP Code Greenbrier, TN 37073			3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation INDEPENDENT		5. Office Sought U.S. Senate		6. State & District of Candidate Tennessee	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) The Committee to Turn the Page on Politics	
(b) Address (number and street) PO Box 1124	
(c) City, State, and ZIP Code Goodlettsville, TN 37070-1124	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

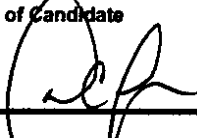
(Including Joint Fundraising Representatives)

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	

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 4-2-14
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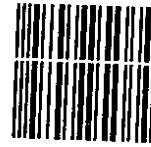
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 12/2008)

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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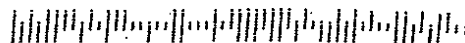
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NANCY ERICKSON
SECRETARY

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