

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full) MARILYN MUSGRAVE			2. Identification Number H2CO04045	
(b) Address (number and street) 257 Johnstown Center Dr.		<input type="checkbox"/> Check if address changed		
		#211		
(c) City, State and ZIP Code Johnstown CO 80534			3. Is This Statement <input type="checkbox"/> New (N) <b>OR</b> <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CO 04		

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 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) Musgrave for Congress		
(b) Address (number and street) 257 Johnstown Center Dr #211		
(c) City, State and ZIP Code Johnstown CO 80534		

**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) 2008 Joint Candidate Committee		
(b) Address (number and street) 228 South Washington St Suite 115		
(c) City, State and ZIP Code Alexandria VA 22314		

**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	<input type="text" value="0.00"/>	for the primary election, and
9B	<input type="text" value="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.

<b>Signature of Candidate</b> MARILYN MUSGRAVE	<b>Date</b> 04/03/2008
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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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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

**[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

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.

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(a) Name of Committee (in full)

2008 Joint Candidate Committee

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(b) Address (number and street)

228 South Washington St  
Suite 115

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(c) City, State and ZIP Code

Alexandria

22314

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