

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) CLAIRE H GUSTAFSON		2. Candidate's FEC Identification Number
(b) Address (number and street) PO BOX 115		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Collingswood NJ 08108		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN	5. Office Sought House of Represent	6. State & District of Candidate New Jersey 1st

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) CLAIRE H. GUSTAFSON FOR CONGRESS
(b) Address (number and street) PO Box 115
(c) City, State, and ZIP Code Collingswood, NJ 08108

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 Claire H Gustafson	Date 5/20/14
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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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14031241070

14031241071

EXTRA URGENT

Please Rush To Addressee



U.S. POSTAGE
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COLLINGSWOOD, NJ
08108
MAY 20, 14
AMOUNT
\$16.95
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CUSTOMER USE ONLY
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CLARE H GUSTAFSON
PO BOX 115
Collingswood NJ 08108
PHONE 856 332 9555

PAYMENT BY ACCOUNT (if applicable)

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- ☐ SIGNATURE REQUIRED Note: The retailer must check the "Signature Required" box if the retailer 1) requires the addressee's signature; OR 2) purchases additional insurance; OR 3) purchases COD service; OR 4) purchases Return Receipt service. If this box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.
- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- *Refer to USPS.com® or local Post Office® for availability.

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FEDERAL ELECTION COMMISSION
999 E St. NW
WASHINGTON, DC 20463
PHONE ()

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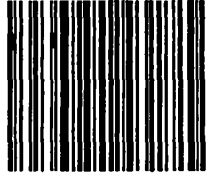
ORIGIN (POSTAL SERVICE USE ONLY)			
<input type="checkbox"/> 1-Day PO ZIP Code 08108	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MM/DD/YYYY) 5/23/14	<input type="checkbox"/> Military Postage \$ 16.95	<input type="checkbox"/> DPO
Date Accepted (MM/DD/YYYY) 5/20/14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Weight 2.18 lbs.	Flat Rate <input type="checkbox"/> Flat Rate <input type="checkbox"/> Sunday/Holiday Premium Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Total Postage & Fees \$ 16.95			
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YYYY) Time 5/20/14	Employee Signature		
Delivery Attempt (MM/DD/YYYY) Time 5/20/14	Employee Signature		

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EP-13C

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 5/20/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARED (8/2013)	5/21/14 DATE PREPARED

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