

SECRETARY OF THE SENATE

03 OCT 17 PM 2:05 HD

FEC FORM 2 STATEMENT OF CANDIDACY

| | | | |
|---|---------------------------------|--|--|
| 1. (a) Name of Candidate (in full) E.J. Pipkin | | 2. Identification Number Requested | |
| (b) Address (number and street) 125 Twin Cove DR | | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code Stevensville, MD 21666 | | 3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> (N) OR <input type="checkbox"/> Amended <input type="checkbox"/> (A) | |
| 4. Party Affiliation Republican | 5. Office Sought U.S. Senate | 6. State & District of Candidate Maryland | |

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)
Pipkin for U.S. Senate, Inc.

(b) Address (number and street)
P.O. Box 100

(c) City, State, and ZIP Code
Stevensville, MD 21666

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)
None

(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. 400.8) by

| | | |
|----|------|-------------------------------|
| 9A | 0.00 | for the primary election, and |
| 9B | 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.

| | |
|---|------------------|
| Signature of Candidate  | Date 10/17/03 |
|---|------------------|

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

MARY BUILDING
Suite 232
WASHINGTON, DC 20510-7718
Phone: 202-724-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10-17-03
Date of Receipt

REGISTERED/CERTIFIED MAIL
Postmarked

RECEIVED FROM THE FEDERAL ELECTION
COMMISSION
Date of Receipt

OTHER (Specify):
 PRIORITY MAIL
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 AIRBORNE EXPRESS
Postmark and/or Date of Receipt

FIRST CLASS MAIL
Postmarked

FAX (48-HOUR NOTICES)
 FAX (FEC FORM #10)
 FAX (CAMPAIGN REPORT)
Date of Receipt

NO POSTMARK POSTMARK ILLEGIBLE

RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER
Date of Receipt

RD
Preparer 10-17-03
Date Prepared

23020393079
23020393079

