

# FEC FORM 2

## STATEMENT OF CANDIDACY

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13 SEP 11 AM 11:47

1. (a) Name of Candidate (in full) Dr. Annette Bosworth		2. Identification Number H4SD00064
(b) Address (number and street) <input type="checkbox"/> Check if address changed 5000 S. Minnesota Avenue, Suite 100		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Sioux Falls, SD 57108		
4. Party Affiliation Republican	5. Office Sought U.S. Senate	6. State & District of Candidate SD

### 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) Annette Bosworth, M.D. for U.S. Senate
(b) Address (number and street) 2601 S. Minnesota Avenue, Suite 105-129
(c) City, State, and ZIP Code Sioux Falls, SD 57105

### 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

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 8/28/2013
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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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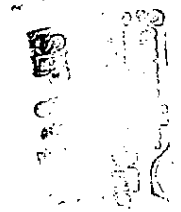
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# United States Senate

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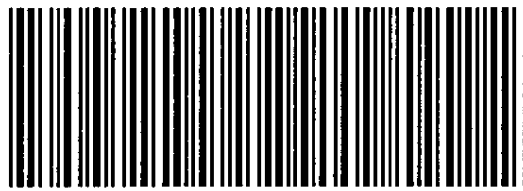
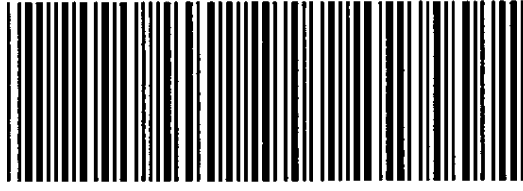
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