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 Morrison 614-851-1121
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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Charles R. Morrison II		2. Identification Number 12FE4M5
(b) Address (number and street) 581 Markley Rd		3. Is This Statement ☐ New (N) OR ☒ Amended (A)
(c) City, State, and ZIP Code Lansden OH 43140		
4. Party Affiliation None	5. Office Sought Representative to Congress	6. State & District of Candidate Ohio 15th Congressional

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** 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) Charlie Morrison for Congress
(b) Address (number and street) 1776 Lone Eagle Street
(c) City, State, and ZIP Code Columbus OH 43229

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

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 Charles R. Morrison II	Date 9/5/2006
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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. 02/2003)

Federal Election Commission
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