

SECRETARY OF THE SENATE
09 APR -9 AM 11:43

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Robert Clinton Smith	
(b) Address (number and street) <input type="checkbox"/> Check if address changed 9012 Rocky Lake Court	2. Identification Number C00395046
(c) City, State, and ZIP Code Sarasota, Florida 34238	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation Republican	5. Office Sought U.S. Senate
6. State & District of Candidate Florida	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) Friends of Senator Bob Smith
(b) Address (number and street) PO Box 841 (No street address)
(c) City, State, and ZIP Code Osprey, Florida 34229

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. 400.9) 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.

Signature of Candidate Robert C. Smith	Date April 2, 2009
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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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Friends of Senator Bob Smith
P.O. Box 841
Osprey, Florida 34229

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SECRETARY OF THE SENATE
09 APR - 9 AM 11:44

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09 APR
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