

**FEC FORM 2
STATEMENT OF CANDIDACY**SECRETARY OF THE SENATE
04 OCT 15 PM 2:22

1. (a) Name of Candidate (in full) BRAD R. CARSON		2. Identification Number S4OK00193	
(b) Address (number and street) POST OFFICE BOX 1982		3. Is This Statement ☐ New (N) OR ☒ Amended (A)	
(c) City, State and ZIP Code CLAREMORE OK 74018		6. State & District of Candidate OK 00	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate		

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)
BRAD CARSON FOR SENATE, Inc.

(b) Address (number and street)
POST OFFICE BOX 1982

(c) City, State and ZIP Code
CLAREMORE OK 74018

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)
DORGAN VICTORY FUND

(b) Address (number and street)
818 CONNECTICUT AVE NW SUITE 1100

(c) City, State and ZIP Code
WASHINGTON DC 20006

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

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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