

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 MAY 11 A 9:31

|                                                                   |  |                                  |                                                                                                          |                                                                        |  |
|-------------------------------------------------------------------|--|----------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br><u>Anthony Lewis Bourne</u> |  |                                  | 2. Identification Number                                                                                 |                                                                        |  |
| (b) Address (number and street)<br><u>1200 Fyffe Ave.</u>         |  |                                  | <input type="checkbox"/> Check if address changed                                                        |                                                                        |  |
| (c) City, State, and ZIP Code<br><u>New Carlisle, OH 45344</u>    |  |                                  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |                                                                        |  |
| 4. Party Affiliation<br><u>Democrat</u>                           |  | 5. Office Sought<br><u>House</u> |                                                                                                          | 6. State & District of Candidate<br><u>OH, 7<sup>th</sup> District</u> |  |

**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)<br><u>Committee to Elect Tony Bourne</u> |  |
| (b) Address (number and street)<br><u>1200 Fyffe Ave.</u>                |  |
| (c) City, State, and ZIP Code<br><u>New Carlisle, OH 45344</u>           |  |

**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. 400.9) by

|    |                                   |                               |
|----|-----------------------------------|-------------------------------|
| BA | <input type="text" value="0.00"/> | for the primary election, and |
| BB | <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<br><u>Anthony Bourne</u> | Date<br><u>4/6/2005</u> |
|-------------------------------------------------|-------------------------|

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

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

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                  |                                                     |
|----------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                          | Date of Receipt                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked                                          |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                                          |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                                                     |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                                          |
| <input checked="" type="checkbox"/> Postmark Illegible                           |                                                     |
| <input type="checkbox"/> No Postmark                                             |                                                     |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                                       |
|                                                                                  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked                       |
| JAN<br>PREPARER                                                                  | 5/4/05<br>DATE PREPARED                             |

(3/2005)

20050504240