FEC FORM 2 STATEMENT OF CANDIDACY

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FEC FORM 2 (REV. 02/2009)

(a) Name of Candidate (in full)		
(b) Address (number and street)		
(b) Address (number and street) □ Check if address changed 501 FAIRWAYS DRIVE 376 5 A	2. Candidate's FEC Identification Number COC488634	
(c) City, State, and ZIP Code VICKS BURG, MS 39183	3. Is This New Amended Statement (N) OR (A)	
4. Party Affiliation 5. Office Sought 6. State & Distri	ct of Candidate	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the		
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(a) Name of Committee (in full)		
(b) Address (number and street) (b) Address (number and street)		
(b) Address (number and street)		
501 FAIRWAYS DRIVE STE 5A		
(c) City, State, and ZIP Code		
(c) City, State, and ZIP Code VICKS PSURY, MS 39183		
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)		
(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	nd belief it is true, correct and complete.	
Signature of Candidate	Date	
The Mara	10-13-2010	
NOTE: Submission of false, erropeous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		
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Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
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Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
Er	10/14/10	
PREPARER (3/2005)	DATE PREPARED	