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**FEC FORM 2
STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (In Full) <u>Sanford David Lyons</u>		2. Identification Number	
(b) Address (number and street) <u>4437 3rd St LN NW</u>		3. Is This Statement	
(c) City, State, and ZIP Code <u>Hickory NC 28601</u>		New (N) OR Amended (A)	
4. Party Affiliation <u>Republican</u>	5. Office Sought <u>US Congress</u>	6. State & District of Candidate <u>NC/10</u>	

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)
Sandy Lyons for Congress

(b) Address (number and street)
P.O. Box 908

(c) City, State, and ZIP Code
Hickory NC 28603

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

\$A	\$1.00	for the primary election, and
\$B	\$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 completed this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <u>1/13/04</u>
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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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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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