

STATEMENT OF CANDIDACY

(see reverse side for instructions)

SECRETARY OF THE SENATE
03 MAR 24 PM 1:35

1. (a) Name of Candidate (in full) Peter Deutsch			2. Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. Box 816215			
(c) City, State, and ZIP Code Hollywood FL 33081			
3. Party Affiliation Democrat	4. Office Sought U.S. Senate	5. State & District of Candidate FLORIDA	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE6. 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 below.

(a) Name of Committee (in full) Peter Deutsch for Senate
(b) Address (number and street) P.O. Box 816215
(c) City, State, and ZIP Code Hollywood FL 33081

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

7. 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

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 Peter Deutsch	Date 3.18.03
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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.

CANDIDATES FOR THE OFFICE OF:U.S. Senate mail to:
Secretary of the Senate
Office of Public Records
232 Hart Senate Office Bldg.
Washington, DC 20510-7116All other candidates
mail to:
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463For further information contact:
Federal Election Commission
Toll-free 800/424-9530
Local 202/694-1100

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FEC FORM 2

(revised 1/2001)

Peter Deutsch for Senate
PO Box 816215
Hollywood FL 33081

3/21/03

RETURN RECEIPT
REQUESTED

PLACE STICKER AT TOP OF ENVELOPE OR THE FRONT
OF THE RETURN ADDRESS LABEL AT CHECKED LINE
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