

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

1. (a) Name of Candidate (in full) BARRY M. CAMPBELL		2. Replication Number	
(b) Address (number and street) 1402 E KELLY ST		☐ Check if address changed	
(c) City, State, and ZIP Code		3. Is This Statement ☒ New (N) OR ☐ Amended (A)	
4. Party Affiliation LIBERTARIAN	5. Office Sought HOUSE	6. State & District of Candidate INDIANA 07	

2004 MAR 29 AM 11:18

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) CAMPBELL FOR CONGRESS
(b) Address (number and street) 1402 E KELLY ST
(c) City, State, and ZIP Code INDIANAPOLIS, INDIANA 46203

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

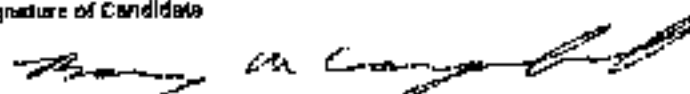
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.8) 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 3-18-2004
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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. 5497g.

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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.

☐ Hand Delivered	Date of Receipt
☒ USPS First Class Mail	Postmarked <i>3-23-04</i>
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☐ Overnight Delivery Service (Specify):	Shipping Date
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☐ Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i>	<i>3-24-04</i>
PREPARER	DATE PREPARED