

# STATEMENT OF CANDIDACY

(see reverse side for instructions)

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|                                                                                                                 |                                             |                                                         |                          |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|--------------------------|
| 1. (a) Name of Candidate (in full)<br><u>Sherman Boles</u>                                                      |                                             |                                                         | 2. Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><u>2813 Cherrywood Ave</u> |                                             |                                                         |                          |
| (c) City, State, and ZIP Code<br><u>New Castle, Ind 47362</u>                                                   |                                             |                                                         |                          |
| 3. Party Affiliation<br><u>Democrat</u>                                                                         | 4. Office Sought<br><u>U.S. Congressman</u> | 5. State & District of Candidate<br><u>Indiana - 02</u> |                          |

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby authorize the following named political committee as my Principal Campaign Committee for the 1998 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed below.

|                                                                      |
|----------------------------------------------------------------------|
| (a) Name of Committee (in full)<br><u>Sherman Boles for Congress</u> |
| (b) Address (number and street)<br><u>2813 Cherrywood Ave</u>        |
| (c) City, State, and ZIP Code<br><u>New Castle, Ind 47362</u>        |

## 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<br><u>Sherman Boles</u> | Date<br><u>9-12-97</u> |
|------------------------------------------------|------------------------|

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 20510-7116

All other candidates  
mail to:  
Federal Election Commission  
600 E Street, N.W.  
Washington, DC 20463

For further information contact:  
Federal Election Commission  
Toll-free 800/424-9530  
Local 202/219-3420

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FEC FORM 2

(revised 4/87)

**Federal Election Commission**  
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*PS*

PREPARER

9-16-97

DATE PREPARED