

08 APR 17 AM 10:02

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <i>Robert M Conley</i>		2. Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>PO Box 2366</i>		
(c) City, State, and ZIP Code <i>NORTH MYRTLE BEACH, SC 29598</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> Amended (A)
4. Party Affiliation <i>DEMOCRAT</i>	5. Office Sought <i>UNITED STATES SENATOR</i>	6. State & District of Candidate <i>SOUTH CAROLINA</i>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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

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

(a) Name of Committee (in full) <i>FRIENDS OF BOB CONLEY</i>
(b) Address (number and street) <i>PO BOX 2366</i>
(c) City, State, and ZIP Code <i>NORTH MYRTLE BEACH, SC 29598</i>

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 _____ 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)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<input type="text" value="0.00"/>	for the primary election, on
9B	<input type="text" value="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"

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct

Signature of Candidate <i>[Handwritten Signature]</i>	Date <i>13 APR 08</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties.

S.C. §437g.

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Mo. Day Year	Month Day			
Time Accepted	Scheduled Time of Delivery	COD Fee \$		
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$		
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code	Acceptance Emp. Initials		

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Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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United States Senate

OFFICE OF THE SECRETARY

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

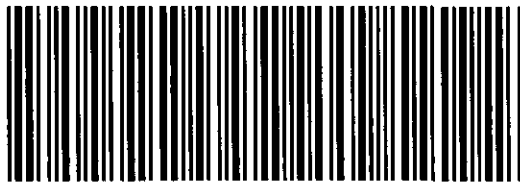
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