

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2008 SEP 26 PM 12:12

|                                                                   |                                           |                                                                                                          |                          |  |
|-------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|--|
| 1. (a) Name of Candidate (in full)<br><b>Robert E. McLeod</b>     |                                           |                                                                                                          | 2. Identification Number |  |
| (b) Address (number and street)<br><b>226 Maple Place</b>         |                                           | <input type="checkbox"/> Check if address changed                                                        |                          |  |
| (c) City, State, and ZIP Code<br><b>Keyport, New Jersey 07735</b> |                                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |                          |  |
| 4. Party Affiliation<br><b>Republican</b>                         | 5. Office Sought<br><b>Representative</b> | 6. State & District of Candidate<br><b>New Jersey - Sixth</b>                                            |                          |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2008** 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)<br><b>Border Control &amp; Fair Trade - Elect McLeod to Congress</b> |  |
| (b) Address (number and street)<br><b>P.O. Box 226</b>                                               |  |
| (c) City, State, and ZIP Code<br><b>Keyport, New Jersey 07735</b>                                    |  |

### DESIGNATION OF OTHER AUTHORIZED REPRESENTATIVE

(Including Joint Fundraising Representative)

8. I hereby authorize the following named committee, which is NOT my principal campaign candidacy.

NOTE: This designation should be filed with the principal campaign committee.

|                                                |  |
|------------------------------------------------|--|
| (a) Name of Committee (in full)<br><b>None</b> |  |
| (b) Address (number and street)                |  |
| (c) City, State, and ZIP Code                  |  |

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS

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

|    |                                  |
|----|----------------------------------|
| 9A | <input type="text" value="000"/> |
| 9B | <input type="text" value="000"/> |

for the primary election, and

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<br><b>Robert E. McLeod</b> | Date<br><b>September 15, 2008</b> |
|---------------------------------------------------|-----------------------------------|

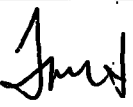
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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|----------------------------------------------------------------------------------------------------------------|------------|
| U.S. Postal Service™<br><b>CERTIFIED MAIL™ RECEIPT</b><br>(Domestic Mail Only; No Insurance Coverage Provided) |            |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>                   |            |
| WASHINGTON DC 20463                                                                                            |            |
| Postage                                                                                                        | \$ 0.42    |
| Certified Fee                                                                                                  | \$2.70     |
| Return Receipt Fee (Endorsement Required)                                                                      | \$2.20     |
| Restricted Delivery Fee (Endorsement Required)                                                                 | \$0.00     |
| Total Postage & Fees                                                                                           | \$ 5.32    |
| Sent To<br><b>FEC</b>                                                                                          | 0368       |
| Street, Apt. No., or PO Box No.<br><b>999 E Street NW</b>                                                      | 05         |
| City, State, ZIP+4<br><b>Washington, DC 20463</b>                                                              | 09/15/2008 |
| PS Form 3800, August 2006 See Reverse for Instructions                                                         |            |

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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.

|                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt                    |
| <input type="checkbox"/> USPS First Class Mail                                                  | Postmarked                         |
| <input checked="" type="checkbox"/> USPS Registered/Certified                                   | Postmarked (R/C)<br><i>9/28/08</i> |
| <input type="checkbox"/> USPS Priority Mail                                                     | Postmarked                         |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>                |                                    |
| <input type="checkbox"/> USPS Express Mail                                                      | Postmarked                         |
| <input type="checkbox"/> Postmark Illegible                                                     |                                    |
| <input type="checkbox"/> No Postmark                                                            |                                    |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                      |
| Next Business Day Delivery <input type="checkbox"/>                                             |                                    |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt                    |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt                    |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt                    |
| <input type="checkbox"/> Other (Specify):                                                       | Date of Receipt or Postmarked      |
| <br>PREPARER | <i>9/26/08</i><br>DATE PREPARED    |

(3/2005)

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