

**FEC FORM 2
STATEMENT OF CANDIDACY**

SECRETARY OF THE SENATE

09 FEB -5 AM 9:42

1. (a) Name of Candidate (in full) Todd Tiaht			2. Identification Number
(b) Address (number and street) 1329 Amity Street		<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code Goddard KS 67052-9133		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate KS 00	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) Kansans for Tiaht		
(b) Address (number and street) 2250 N Rock Road Suite 118A		
(c) City, State and ZIP Code Wichita KS 67226-2325		

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. 400.9) 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 Todd Tiaht 	Date 02/02/2009
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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.

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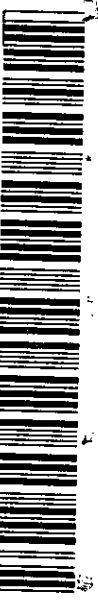
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Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery Morning <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$
Flat Rate: <input type="checkbox"/> or Weight lbs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials
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United States Senate

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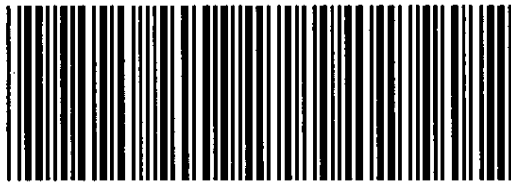
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