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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) JOHN NEWTON FRARY		2. Identification Number
(b) Address (number and street) ☐ Check if address changed 355 RED SCHOOLHOUSE ROAD		
(c) City, State, and ZIP Code FARMINGTON, MAINE 04938-6113		3. Is This Statement ☐ New (N) OR ☐ Amended (A)
4. Party Affiliation REPUBLICAN	5. Office Sought REPRESENTATIVE	6. State & District of Candidate MAINE SECOND DISTRICT

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) COMMITTEE TO ELECT FRARY
(b) Address (number and street) 355 RED SCHOOLHOUSE ROAD
(c) City, State, and ZIP Code FARMINGTON, MAINE 04938

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 John N. Frary	Date 11/27/2007
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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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Federal Election Commission
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PREPARER

(3/2005)

12/15/07

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