

FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

14 JUN 20 PM 2:43

1. (a) Name of Candidate (in full) Mr. Scott Brown			2. Candidate's FEC Identification Number S4NH00120		
(b) Address (number and street) PO Box 600			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Rye NH 03870			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate		6. State & District of Candidate NH	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) New Hampshire for Scott Brown		
(b) Address (number and street) PO Box 600		
(c) City, State, and ZIP Code Rye NH 03870		

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) 2014 SENATORS CLASSIC JOINT FUNDRAISING COMMITTEE		
(b) Address (number and street) 228 S. WASHINGTON ST STE. 115		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

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 Scott Brown	Date 06/20/2014
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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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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (Including Joint Fundraising Representatives)

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)

BROWN VICTORY COMMITTEE

(b) Address (number and street)

228 S. WASHINGTON ST
STE. 115

(c) City, State and ZIP Code

ALEXANDRIA VA 22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (Including Joint Fundraising Representatives)

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)

Founders Senate Candidate Committee (Joint Fundraising Representative)

(b) Address (number and street)

228 S. Washington Street
Suite 115

(c) City, State and ZIP Code

Alexandria VA 22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (Including Joint Fundraising Representatives)

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)

GOP VICTORY FUND 2014

(b) Address (number and street)

228 S WASHINGTON ST
STE 115

(c) City, State and ZIP Code

ALEXANDRIA VA 22314

14020423463

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

STATE OFFICE
SUITE 232
WASHINGTON, DE 20510-71
PHONE (202) 224-0222

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

6-20-14

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
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OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

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Date of Receipt or Postmark

PREPARER **DH**

DATE PREPARED **6-20-14**

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SEN PATCH



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