## FEC FORM 2

-1-3020394466

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)   PUBLIC RECUIRED						SECRETAR	CEIVED
(b) Address (number and street)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no City, State, and ZIP Code  Lascassas  (b) Address (number and street)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no City, State, and ZIP Code  Lascassas  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no City, State, and ZIP Code  Lascassas  United by authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  (c) Name of Committee (in full)  TORE CAPIC FOR Sender  (noteding soint Fundrasing 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)  (b) Address (number and street)  Country that I have examined this Statement and to the bost of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Signature of Candidate  Amended  2. Candidates FEC IbahitiAttle (Bithosph M) 3: 32  Amended  Statement M New Statement M New Statement and to the bost of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Signature of Candidate  Amended  2. Candidate Statement M New Statement and to the bost of my knowledge and belief it is true, correct and complete.	1. (a) Name of Candidate (in full)	_				PUBL	DARRY CAR
(c) City. State, and ZIP Code  As Cassas  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the Loll- (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (including Joint Fundralsing Representatives)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (including Joint Fundralsing 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, 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)  Corolly State, and ZIP Code  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  Date  Date  Date	JOE S. CAI						•
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Signature of Candidate  Date  8/19/2013	Landie Marie						
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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.	1) 11	Caroc			00	1720	د ا
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United States Senate

OFFICE OF THE SECRETARY

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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

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