

08 MAR 17 PM 1:16

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|--|--|
| 1. (a) Name of Candidate (in full) LARRY E. CRAIG | | |
| (b) Address (number and street) PO BOX 2754 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code BOISE, ID 83701 | | 2. Identification Number 000115667 |
| 4. Party Affiliation 1 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| 5. Office Sought | | 6. State & District of Candidate |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code |

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) THE 2007 SENATOR'S CLASSIC COMMITTEE |
| (b) Address (number and street) PO BOX 75103 |
| (c) City, State, and ZIP Code WASHINGTON DC 20013 |

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 | <input type="checkbox"/> | for the primary election, and |
| 9B | <input type="checkbox"/> | 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 Larry E. Craig | Date 3/8/08 |
|---|-----------------------|

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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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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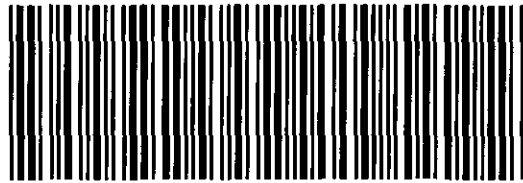
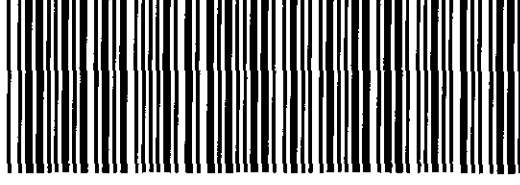
PREPARER

RD

DATE PREPARED

03-17-08

28020121488



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