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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Rutherford Bert Hayes		2. Candidate's IFEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed		3. Is This Statement New (N) OR Amended (A)
(c) City, State, and ZIP Code		4. Party Affiliation
5. Office Sought President		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)

(b) Address (number and street)

(c) City, 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 Rutherford Bert Hayes	Date 30 AUGUST 2010
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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. §457g.

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Rutherford B. Hayes, President 2012

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation _____ Corporation w/o Capital Stock _____ Labor Organization _____
 Membership Organization _____ Trade Association _____ Cooperative _____

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KINUKO HAYES

Mailing Address

P.O. BOX 577

Pea Ridge AR 72751

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

[Empty grid lines for treasurer name]

Mailing Address

[Empty grid lines for treasurer address]

[Empty grid lines for treasurer city/state/zip]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid lines for treasurer title]

Telephone number

[Empty grid lines for treasurer phone number]

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Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

1151 West Walnut street

Rogers

AR

72756

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030421507

Federal Election Commission
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JMP
 PREPARER
 (3/2005)

9/8/10
 DATE PREPARED

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