SECRETARY OF THE SENATE SECRETARY OF THE SENATE For help completing Form 2, please double click the loss icon next to each line number.

11 DEC -6 AM 10: 36

11 DEC -6 AM 10: 36

## FEC FORM 2 STATEMENT OF CANDIDACY

1. (a)			···		
	) Name of Candidate (in full) SAMUEL E. ROHR	ER			
(b)	Address (number and street) PO BOX 278		anged	2. Identification Number	
(c)	City, State, and ZIP Code ELVERSON, PA 1	9520		3. Is This New Statement (N) OR	Amended (A)
4. Pa	rty Affiliation	5. Office Sought	6. State & Distr	ict of Candidate	
	REPUBLICAN	SENATE	PA		
7: Ih		DESIGNATION OF PRINC named political committee as my Prin			on(s).
NC	OTE: This designation should t	pe filed with the appropriate office list	ed in the instructions.	<b>G</b> -	
(a)	Name of Committee (in full)				
	ROHRER FOR	SENATE			
(b)	Address (number and street)				
	PO BOX 278				
(c)	City, State, and ZIP Code				
	ELVERSON, I	PA 19520			
		DESIGNATION OF OTHER	AUTHORIZED	COMMITTEES	
		· · · · · ·	draising Representative	•	
B. The	ereby suthorize the following r				
	ndidacy.	named committee, which is NOT my p	orincipal campaign com	mittee, to receive and expend funds	on behalf of my
car	ndidacy.	named committee, which is NO1 my to	•	mittee, to receive and expend funds	on behalf of my
car NC	ndidacy.		•	mittee, to receive and expend funds	on behalf of my
car NC	ndidacy.  TE: This designation should b		•	mittee, to receive and expend funds	on behalf of my
NC (a)	otte: This designation should b Name of Committee (in full)		•	mittee, to receive and expend funds	on behalf of my
NC (a)	OTE: This designation should be Name of Committee (in full)		•	mittee, to receive and expend funds	on behalf of my
(a)	OTE: This designation should be Name of Committee (in full)		•	mittee, to receive and expend funds	on behalf of my
(a)	OTE: This designation should be Name of Committee (in full)  NONE  Address (number and street)		•	mittee, to receive and expend funds	on behalf of my
(a)	OTE: This designation should be Name of Committee (in full)  NONE  Address (number and street)  City, State, and ZIP Code	e filed with the principal campaign co	ommittee.		
(a) (b)	OTE: This designation should be Name of Committee (in full)  NONE  Address (number and street)  City, State, and ZIP Code		ommittee.		
(a) (b)	OTE: This designation should be Name of Committee (in full)  NONE  Address (number and street)  City, State, and ZIP Code  I certify that I have enture of Candidate	e filed with the principal campaign or examined this Statement and to the b	ommittee.	nd belief it is true, correct and comple	
(a) (b)	OTE: This designation should be Name of Committee (in full)  NONE  Address (number and street)  City, State, and ZIP Code	e filed with the principal campaign co	ommittee.	nd belief it is true, correct and comple	
(a) (b) (c)	DTE: This designation should be NONE  Address (number and street)  City, State, and ZIP Code  I certify that I have exture of Candidate	e filed with the principal campaign or examined this Statement and to the b	est of my knowledge ar	nd belief it is true, correct and comple Date  //-29-//	ote.
(a) (b) (c)	DTE: This designation should be NONE  Address (number and street)  City, State, and ZIP Code  I certify that I have exture of Candidate	e filed with the principal campaign or examined this Statement and to the b	est of my knowledge ar	nd belief it is true, correct and comple Date  //-29-//	ote.
(a) (b) (c)	DTE: This designation should be NONE  Address (number and street)  City, State, and ZIP Code  I certify that I have exture of Candidate	e filed with the principal campaign or examined this Statement and to the b	est of my knowledge ar	nd belief it is true, correct and comple Date  //-29-//	ote.

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

11020473527

## NAS ENTE SOUTH OF SOU RCBEENE

9TLT EHTZ TOOD O29T OTO2





71201810617

Secretary of the South Office of Public Records ( Po Box 2517 Mexandra, VA 22301-0109

22301

\$5.79 6601.4126-11

1000

SECRETARY OF THE SECRIVED

DANA K. MCCALLUM SUPERINTENDENT

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

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:	
HAND DELIVERED	
HAND DELIVERED Date of Receipt	
USPS FIRST CLASS MAIL Postmark	<u>.</u> .
<b>*</b> * -	
USPS REGISTERED/CERTIFIED 1-30-11	
Postmark	_
USPS PRIORITY MAIL	
Postmark	-
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL	U
MODO EXPIDERO MANA	
USPS EXPRESS MAIL Postmark	_
2 Souther A	
OVERNIGHT DELIVERY SERVICE:	
SHIPPING DATE NEXT BUSINESS	DAY DELIVERY
FEDERAL EXPRESS	
UPS	
DHL	
AIRBORNE EXPRESS	
RECEIVED FROM FEDERAL ELECTION COMMISSION	of Receipt
POSTMARK ILLEGIBLE NO POSTMARK	
POSTMARK ILLEGIBLE NO POSTMARK	
FAX	
Date of Receipt	
OTHER	
Date of Receipt or Postmark	

PREPARER RD

110204

DATE PREPARED 12.06.11



