## SECRETARY OF THE SENATE

08 SEP -4 PM 1:41

## FEC FORM 2 STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (in full) RODERT W. Schaffer   |  |  |  |  |  |
|---|--|--|--|--|--|
| (b) Address (number and street) Check if address changed 2. Identification Number 4985  |  |  |  |  |  |
| (c) City, State, and ZIP Code   |  |  |  |  |  |
| 4. Party Affiliation 5. Office Sought 6. State & District of Candidate Color (Color Color |  |  |  |  |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |  |  |  |  |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 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)   |  |  |  |  |  |
| Bob Schaffer for us senate  |  |  |  |  |  |
| (b) Address (number and street)  Property 100125  |  |  |  |  |  |
| (c) City, State, and ZIP Code   |  |  |  |  |  |
| Dinver, CO 80250-2135   |  |  |  |  |  |
| 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)   |  |  |  |  |  |
| Road to Senate Victory Committee (JFC)  (b) Address (number and street)   |  |  |  |  |  |
| 228 S. Washington Street Ste 115  |  |  |  |  |  |
| (c) City, State, and ZIP Code Alexandra, VA 22314   |  |  |  |  |  |
| 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 , $0.00$ for the primary election, and   |  |  |  |  |  |
| 9B 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  Date  8/1/08  |  |  |  |  |  |
| 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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## United States Senate

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OFFICE OF PUBLIC RECORDS

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