

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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15 DEC -4 AM 11:54

|                                                                 |  |                                                                                                          |
|-----------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>COL. ROBERT L MANESS RET  |  |                                                                                                          |
| (b) Address (number and street)<br>680 WINDERMERE CROSSING WEST |  | <input type="checkbox"/> Check if address changed                                                        |
| (c) City, State, and ZIP Code<br>MADISONVILLE LA 70447          |  | 2. Candidate's FEC Identification Number<br>S4LA00115                                                    |
| 4. Party Affiliation<br>REPUBLICAN PARTY                        |  | 5. Office Sought<br>Senate                                                                               |
| 6. State & District of Candidate<br>LA 00                       |  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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)<br>FRIENDS OF COLONEL ROB MANESS |  |
| (b) Address (number and street)<br>680 WINDERMERE CROSSING WEST  |  |
| (c) City, State, and ZIP Code<br>MADISONVILLE LA 70447           |  |

**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<br>COL. ROBERT L MANESS RET<br><i>Robert L. Maness</i> | Date<br><i>December 1, 2015</i> |
|-------------------------------------------------------------------------------|---------------------------------|

**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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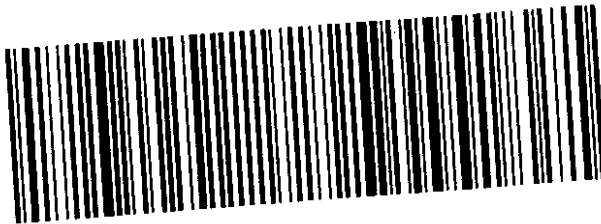
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# United States Senate

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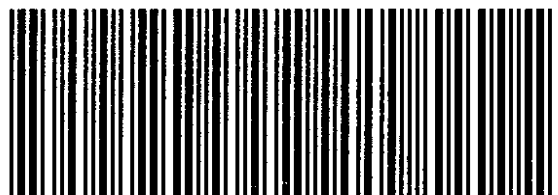
PREPARER **DH** DATE PREPARED **12-4-15**

2/28/2015

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