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FEC FORM 2 STATEMENT OF CANDIDACY

2003 DEC -7 A 11:02

1. (a) Name of Candidate (in full)
Darrel Reece Hunter

(b) Address (number and street) Check if address changed
PO Box 52244

(c) City, State, and ZIP Code
Amarillo, TX 79159-2244

2. Identification Number

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation Democrat 5. Office Sought President of USA 6. State & District of Candidate Texas District 13

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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)
For Darrel Reece Hunter As United States President

(b) Address (number and street)
3904 Huntington

(c) City, State, and ZIP Code
Amarillo, TX 79109

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

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. 400.6) by

DA for the primary election, and

DB 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 Darrel Reece Hunter Date Oct. 2, 2003

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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D.R. Hunter

Sensitivity: Confidential

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-0243672 OMB No. 1545-0047	
1* Legal name of entity (or individual) for whom the EIN is being requested For Darrel Reece Hunter As United States President					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name Darrel R Hunter		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 52244			5a Street address (if different) (Do not enter a P.O. box) 3904 Huntington		
4b* City, state, and ZIP code Amarillo TX 79159 - 2244			5b City, state, and ZIP code Amarillo TX 79109 -		
6* County and state where principal business is located County Randall State TX					
7a Name of principal officer, general partner, grantor, owner, or trustee Darrel Reece Hunter			7b SSN, (TIN, EIN) 455-86-5193		
8a* Type of entity (check only one)					
<input type="checkbox"/> Sole Proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> State/local government	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (SSN)		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> Trust (SSN of grantor)		<input type="checkbox"/> Indian tribal government/enterprises	
<input type="checkbox"/> Personal Service		<input type="checkbox"/> National Guard			
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC			
<input checked="" type="checkbox"/> Other (specify) ▶ Political Candidate		Group Exemption No. (GEN) ▶			
9b If a corporation, name the state or foreign country (if applicable) where incorporated					
		State		Foreign country	
9* Reason for applying (check only one)					
<input type="checkbox"/> Started new business (specify type)		<input type="checkbox"/> Banking purpose (specify purpose) ▶			
<input type="checkbox"/> Hired employees (Check the box and see line 12)		<input type="checkbox"/> Changed type of organization (specify new type) ▶			
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business			
<input checked="" type="checkbox"/> Other (specify) ▶ Political Campaign		<input type="checkbox"/> Created a trust (specify type) ▶			
		<input type="checkbox"/> Created a pension plan (specify type) ▶			
10* Date business started or acquired (month, day, year) SEP 19 2003			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien.</i> (month, day, year)					
			▶ DEC 1 2003		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i>					
			Agriculture		Household
					Other
					11
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Accommodation & food service	
		<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Wholesale-grocery	
		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-other	
<input type="checkbox"/> Other (specify) Presidential Campaign		<input type="checkbox"/> Retail			
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Candidate for President of the United States					
16a* Has the applicant ever applied for an employer identification number for this or any other business?					
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Note: If "Yes" please complete lines 8(a) and 8(b).</i>					
16b: If you checked "Yes" on line 16a, your applicant's name, legal name and trade name shown on prior application if different from line 1 of Form SS-4					
Legal name ▶ Trade name ▶					
16c: Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>10-7-03</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>AJMD</i> PREPARER		<i>10-7-03</i> DATE PREPARED

(6/30/01)