FE3AN039

## FEC FORM 2 STATEMENT OF CANDIDACY



. (a) Name of Candidate (in full)	)				
Hon, Paula C. Hollinger			12 11 11 11 11	200b J	NIT A 9
(b) Address (number and stre	eet)		2. Identificatio	AT CACHADEN	
55 Raisin Tree Circle		*****	H6MD0328		4
(c) City, State and ZIP Code			3. Is This Statement	New OR	Amended
Baltimore	MD 21208	R Ctata & Dia	<u> </u>	(N) CK	1 (A)
Party Affiliation	5. Office Sought		drict of Candida	( <del>C</del>	
DEMOCRATIC PARTY	House	MD 3			
	DESIGNATION OF PRINCIP  named political committee as my Principal	l Campaign Committee	for the(ye	2000	tion(s).
NOTE: This designation shou	uld be filed with the appropriate office is	sed in the instruction	s. 		
(a) Name of Committee (in fu	ull)				
Paula Hollinger for Congr	ress				
(b) Address (number and stru	reet)				
P.O. Box 5861					
(c) City, State and ZIP Code	e				
Baltimore	MD 21282				
-	DESIGNATION OF OTHER (Including Joint Fu	ndralsing Representa	rtivės)		ehalf of my
candidacy.	(Including Joint Fu	ndraising Representa cipal campaign commit	rtivės)		ehalf of my
candidacy.	(Including Joint Fundamed committee, which is NOT my print uld be filed with the principal campaign	ndraising Representa cipal campaign commit	rtivės)		ehalf of my
candidacy.  NOTE:This designation shou	(Including Joint Fundamed committee, which is NOT my print uld be filed with the principal campaign ull)	ndraising Representa cipal campaign commit	rtivės)		ehalf of my
candidacy.  NOTE:This designation shou  (a) Name of Committee (în fu	(Including Joint Fundamed committee, which is NOT my print uld be filed with the principal campaign ull)	ndraising Representa cipal campaign commit	rtivės)		ehalf of my
candidacy.  NOTE:This designation shou  (a) Name of Committee (in fu  (b) Address (number and str  (c) City, State and ZIP Code	(Including Joint Fundamed committee, which is NOT my print uld be filed with the principal campaign ull)	ndraising Representa	tives)	d expend funds on b	
candidacy.  NOTE: This designation should be committee (in full be).  (a) Name of Committee (in full b) Address (number and structure).  (b) Address (number and structure).  (c) City, State and ZIP Code.	Including Joint Fundament committee, which is NOT my print uld be filed with the principal campaign ull)  Teet)	RSONAL FUNDS	tives)	d expend funds on b	
candidacy.  NOTE: This designation should be committee (in full be) Address (number and structure) (c) City, State and ZIP Code	(Including Joint Fundamed committee, which is NOT my print uld be filed with the principal campaign ull)	RSONAL FUNDS	tives)	d expend funds on b	
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candidacy.  NOTE: This designation should be a should be committee (in full be).  (b) Address (number and structure).  (c) City, State and ZIP Code.	Including Joint Fundament committee, which is NOT my print uld be filed with the principal campaign ull)  OF INTENT TO EXPEND PER dis exceeding the threshold amount (see 1)  9A	RSONAL FUNDS C.F.R. 400.9) by	stives)  S (House or  for the prima	Senate Only)	
candidacy.  NOTE: This designation should (a) Name of Committee (in full (b) Address (number and structure) (c) City, State and ZIP Code  DECLARATION tintend to expend personal fund	Including Joint Fundament committee, which is NOT my print uld be filed with the principal campaign ull)  OF INTENT TO EXPEND PEI dis exceeding the threshold amount (see 1)  9A  9B	RSONAL FUNDS C.F.R. 400.9) by  0.00	S (House or for the prima	Senate Only)  ary election, and ral election.	
candidacy.  NOTE: This designation should (a) Name of Committee (in full (b) Address (number and structure) (c) City, State and ZIP Code  DECLARATION I intend to expend personal fund (s) you do not intend to expend personal fund (s) and the expend	(Including Joint Fundament Committee, which is NOT my print uld be filed with the principal campaign ull)  OF INTENT TO EXPEND PER distribution of the second funds exceeding the threshold amount (see 198)  98  98  98  sonal funds exceeding the threshold amount (see 198)	RSONAL FUNDS C.F.R. 400.9) by  0.00  out for either election, you	S (House or for the prima for the gener	Senate Only)  ary election, and ral election.	
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candidacy.  NOTE: This designation should (a) Name of Committee (în full (b) Address (number and street)  (c) City, State and ZIP Code  DECLARATION  I intend to expend personal fund  you do not intend to expend personal fund  i certify that I has signature of Candidate  Paula C. Holfinger	named committee, which is NOT my print uld be filed with the principal campaign ull)  OF INTENT TO EXPEND PEI ds exceeding the threshold amount (see 1 9A 9B sonal funds exceeding the threshold amount and to the examined this Statement and to the	RSONAL FUNDS C.F.R. 400.9) by  0.00  other election, you	s (House or for the prima for the generation must enter "0.0 to each betief it is Date	Senate Only) ary election, and ral election. 00" for each. true, correct, and	complete.
candidacy.  NOTE: This designation should (a) Name of Committee (in full (b) Address (number and stress)  (c) City, State and ZIP Code  DECLARATION  I intend to expend personal fund  you do not intend to expend personal fund ignature of Candidate  Paula C. Holfinger	named committee, which is NOT my print uld be filed with the principal campaign ull)  OF INTENT TO EXPEND PEI ds exceeding the threshold amount (see 1 9A 9B sonal funds exceeding the threshold amount are examined this Statement and to the	RSONAL FUNDS C.F.R. 400.9) by  0.00  other election, you	s (House or for the prima for the generation must enter "0.0 to each betief it is Date	Senate Only) ary election, and ral election. 00" for each. true, correct, and	complete.
candidacy.  NOTE: This designation should (a) Name of Committee (in full (b) Address (number and stress)  (c) City, State and ZIP Code  DECLARATION  I intend to expend personal fund  you do not intend to expend personal fund ignature of Candidate  auta C. Holfinger	named committee, which is NOT my print uld be filed with the principal campaign ull)  OF INTENT TO EXPEND PEI ds exceeding the threshold amount (see 1 9A 9B sonal funds exceeding the threshold amount and to the examined this Statement and to the	RSONAL FUNDS C.F.R. 400.9) by  0.00  other election, you	s (House or for the prima for the generation must enter "0.0 to each betief it is Date	Senate Only) ary election, and ral election. 00" for each. true, correct, and	complete.

(3/2005)

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** 1-10-06 Postmarked (R/C) USPS Registered/Certified Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 1-17-05 PREPARER DATE PREPARED