

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

SECRETARY OF THE SENATE  
 09 NOV 25 AM 11:43

1. (a) Name of Candidate (in full) <b>Elaine F. Marshall</b>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>3920 City of Oaks Wynd</b>		2. Candidate's FEC Identification Number <b>C00466763</b>
(c) City, State, and ZIP Code <b>Raleigh, NC 27602</b>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <b>Democrat</b>	5. Office Sought <b>US Senate</b>	6. State & District of Candidate <b>North Carolina - statewide</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) <b>The Elaine Marshall Committee</b>
(b) Address (number and street) <b>324 S. Wilmington St #420</b>
(c) City, State, and ZIP Code <b>Raleigh, NC 27601</b>

**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 <b>Elaine F. Marshall</b>	Date <b>11-19-09</b>
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**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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# FEC FORM 2

## STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE  
09 NOV 25 AM 11:43

1. (a) Name of Candidate (in full)		
(b) Address (number and street) <input type="checkbox"/> Check if address changed		2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation	5. Office Sought	6. State & District of Candidate

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(year of election)

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*The Elaine Marshall Committee*

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<i>324 S. Wilmington St #420</i>
(b) Address (number and street)
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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
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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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ELAINE  
**MARSHALL**  
For NORTH CAROLINA

The Elaine Marshall Exploratory Committee  
324 S. Wilmington Street, No. 420  
Raleigh, North Carolina 27601



RESEARCH TRIANGLE REGION

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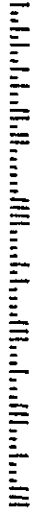


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# United States Senate

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