

FEC FORM 2

STATEMENT OF CANDIDACY

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05 OCT -4 PM 1:40

1. (a) Name of Candidate (in full) Allen Wilson McCulloch		2. Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 5102		3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Farmington, NM 87499		OR <input type="checkbox"/> (N)
4. Party Affiliation Republican	5. Office Sought US Senate	6. State & District of Candidate New Mexico District 1

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 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) Allen W McCulloch MD for US Senate
(b) Address (number and street) PO Box 5102
(c) City, State, and ZIP Code Farmington, NM 87499

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. 400.8) by

9A	<input type="text" value="0.00"/>	for the primary election, and
9B	<input type="text" value="0.00"/>	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 Allen W. McCulloch M.D.	Date 9-27-05
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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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Allen W. McCulloch, M.D.

Department of the American Board of Urology
Adult and Pediatric Urology
P.O. Box 1589
Farmington, New Mexico 87499

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