

FEC FORM 2
STATEMENT OF CANDIDACY

10 SEP 22 AM 9:46

1. (a) Name of Candidate (in full) Paul W. Hodes			2. Identification Number SONH00227		
(b) Address (number and street) 379 Elm St			<input type="checkbox"/> Check if address changed		
(c) City, State and ZIP Code Manchester NH 03101			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate		6. State & District of Candidate NH 00	

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) Hodes for Senate		
(b) Address (number and street) 379 Elm Street		
(c) City, State and ZIP Code Manchester NH 03101		

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) 4 Senate Victory		
(b) Address (number and street) 4190 Vinewood Ln N Suite 111-554		
(c) City, State and ZIP Code Plymouth MN 55442		

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 Paul W. Hodes		Date 09/10/2010
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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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10020660796

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

Committee for A Better Future

(b) Address (number and street)

426 C St NE

(c) City, State and ZIP Code

Washington

20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

New Hampshire Senate Victory 2010

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State and ZIP Code

Washington

20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

Senate 2010

(b) Address (number and street)

PO Box 1174

(c) City, State and ZIP Code

Springfield

22151

10020660797

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

[ADDITIONAL]

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)

New Hampshire Victory Fund

(b) Address (number and street)

379 Elm Street

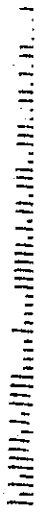
(c) City, State and ZIP Code

Manchester

03101

10020660798

in street
Arlington, VA 22201



Secretary of the Senate
Office of P.B.L. Records
P.O. Box 5109
Alexandria, VA 22301



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POST OFFICE

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

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NO POSTMARK

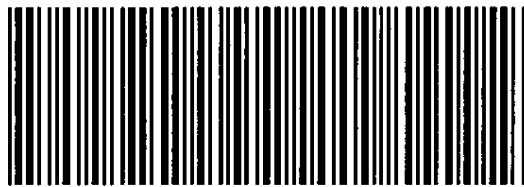
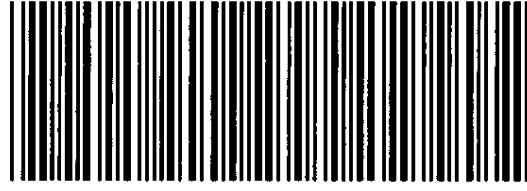
FAX _____
Date of Receipt

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Date of Receipt or Postmark

PREPARER RD

DATE PREPARED 09-22-10

10020660800



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