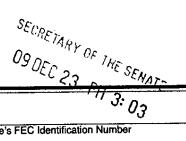
FEC FORM 2 STATEMENT OF CANDIDACY



1. (a) Name of Candidate (in full) RONALD TREVOR DROWN	, , , ₃ , ₀ 3
(b) Address (number and street)	2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code	3. Is This New Statement (N) OR (A)
4. Party Affiliation 5. Office Sought (ARKANSAS) 6. State & Dis	
The Oct City Octor The City of the City	ANSAS
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following named political committee as my Principal Campaign Com	(year or election)
NOTE: This designation should be filed with the appropriate office listed in the instructions.	
(a) Name of Committee (in full) Trevar Drown for US Sena	te ·
(b) Address (number and street)	
(c) City, State, and ZIP Çode	
Russelville AR 7281	/
DESIGNATION OF OTHER AUTHORIZED	
(Including Joint Fundraising Representati	
 I hereby authorize the following named committee, which is NOT my principal campaign co candidacy. 	mmittee, to receive and expend funds on behalf of my
**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	Date
Romald Trava Drome	13 Dec 2009
NOTE: Submission of false, erroneous, or incomplete information may subject the person sign	ning this Statement to penalties of 2 U.S.C. §437g.
	EEC FORM 2 /REV 02/2009

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PAMELA B. GAVIN SUPERINTENDENT

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United States Senate

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