

2010 FEB -2 AM 11: 56

## FEC FORM 2 STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (in full)             | TAUCA                     | Amin                       | Elliott            | <u> </u>                    |                |                         |
|--|---------------------------|----------------------------|--------------------|-----------------------------|----------------|-------------------------|
| (b) Address (number and street)                |                           | ck if address changed      |                    | 2. Candidate's              | FEC Identific  | cation Number           |
| (c) City, State, and ZIP Code                  | R DIVO                    |                            |                    | 3. Is This                  | New            | Amended                 |
| Little KOCK,                                   | AR 72<br>5. Office Sought | 204                        | 6. State & Distric | Statement                   | <u>ビ</u> (N)   | OR (A)                  |
| 2 Party Attiliation                            |                           | maress                     | AR - A             | <b>7.</b>                   |                |                         |
|  |                           |                            |                    |                             | - 6            | ····                    |
|  |                           | OF PRINCIPAL               | _                  |                             |                |                         |
| 7. I hereby designate the following r          | named political comn      | nittee as my Principal     | Campaign Commit    |                             | ar of election | _ election(s).<br>)     |
| NOTE: This designation should b                | e filed with the appro    | opriate office listed in t | he instructions.   | -                           |                |                         |
| (a) Name of Committee (in full)                |                           |                            |                    |                             |                |                         |
| Elliste  | for Co                    | ngress<br>724              |                    |                             |                |                         |
| (b) Address (number and street)                |                           |                            |                    |                             |                |                         |
| P.U. B   | 0X 35                     | 24                         |                    |                             |                |                         |
| (c) City, State, and ZIP Code                  |                           |                            |                    |                             |                |                         |
| Little Kock                                    | AR                        | 72203                      |                    |                             |                |                         |
| r  | DESIGNATION               | OF OTHER AU                | THORIZED C         | OMMITTE                     | ES             |                         |
| _  |                           | luding Joint Fundraisir    |                    |                             |                |                         |
| 8. I hereby authorize the following n          | amed committee, wh        | nich is NOT my princip     | al campaign comn   | nittee, to receiv           | e and expen    | d funds on behalf of my |
| candidacy.                                     |                           |                            |                    |                             |                |                         |
| NOTE: This designation should b                | e filed with the princi   | ipal campaign commit       | lee.               |                             |                |                         |
| (a) Name of Committee (in full)                |                           |                            |                    |                             |                | · ·                     |
|  |                           |                            |                    |                             |                |                         |
| (b) Address (number and street)                | <u></u>                   | <u> </u>                   |                    |                             |                |                         |
|  |                           |                            |                    |                             |                |                         |
|  |                           |                            | 1. 1.1.C.          |                             |                |                         |
| (c) City, State, and ZIP Code                  |                           |                            |                    |                             |                |                         |
| (c) City, State, and ZIP Code                  |                           | •                          |                    |                             |                |                         |
|  |                           |                            |                    |                             | _              |                         |
| I certify that I have e                        | examined this Staten      | nent and to the best of    | my knowledge and   |                             | , correct and  | 1 complete.             |
|  | examined this Staten      | nent and to the best of    | my knowledge and   | d belief it is true<br>Date | , correct and  | l complete.             |
| I certify that I have e                        | examined this Statem      | nent and to the best of    | my knowledge and   | Date                        |                |                         |
| I certify that I have e                        | examined this Staten      | nent and to the best of    | my knowledge an    | Date                        |                |                         |
| I certify that I have e                        | hat                       | <u> </u>                   |                    | Date<br>Jani                | lang           | 28,2010                 |
| I certify that I have a signature of Candidate | hat                       | <u> </u>                   |                    | Date<br>Jani                | lang           | 28,2010                 |
| I certify that I have a signature of Candidate | hat                       | <u> </u>                   |                    | Date<br>Jani                | lang           | 28,2010                 |
| I certify that I have a signature of Candidate | hat                       | <u> </u>                   |                    | Date<br>Jani                | lang           | 28,2010                 |

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| · · · · · · · · · · · · · · · · · · ·                  | Date of Receipt           |
|--|---------------------------|
| Hand Delivered   |                           |
| USPS First Class Mail                                  | Postmarked                |
| USPS Registered/Certified                              | Postmarked (R/C)          |
| USPS Priority Mail                                     | Postmarked                |
| Delivery Confirmation <sup>™</sup> or Signature Confir | mation <sup>™</sup> Label |
| USPS Express Mail                                      | Postmarked                |
|  |                           |
| No Postmark  |                           |
| Overnight Delivery Service (Specify):                  | Shipping Date             |
| Next Busines   | ss Day Delivery           |
| 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           |
| Date of F  | Receipt or Postmarked     |
| ED   | 2/2/10                    |
|  | •                         |

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