

SECRETARY OF THE SENATE
09 MAY -5 AM 10:37

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full) <u>Robin Lee Titus M.D.</u> | | 2. Candidate's FEC Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed <u>PO Box 377</u> | | |
| (c) City, State, and ZIP Code <u>Wellington, NV 89444</u> | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation <u>Republican</u> | 5. Office Sought <u>Senate</u> | 6. State & District of Candidate <u>NEVADA</u> |

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) <u>Committee to Elect Robin L. Titus M.D. to the U.S. Senate</u> | |
| (b) Address (number and street) <u>Po Box 377</u> | |
| (c) City, State, and ZIP Code <u>Wellington, NV 89444</u> | |

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 <u>[Handwritten Signature]</u> | Date <u>4/23/09</u> |
|----------------------------------------------------------|------------------------|

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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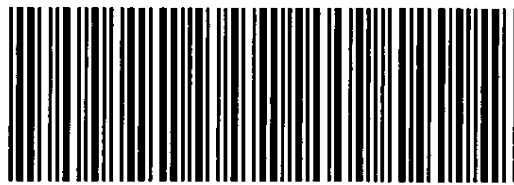
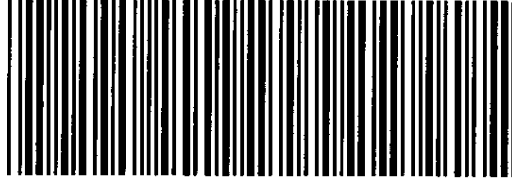
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