

Image# 11990145953

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Dr. DONNA CAMPBELL

(b) Address (number and street) PO BOX 156		<input type="checkbox"/> Check if address changed	2. Identification Number H0TX25073
(c) City, State and ZIP Code COLUMBUS TX 78934		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> Amended (A)	OR
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TX 25	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the

2012
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

DR DONNA CAMPBELL FOR CONGRESS

(b) Address (number and street)

PO BOX 156

(c) City, State and ZIP Code

COLUMBUS

TX

78934

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

Dr. DONNA CAMPBELL

Date

01/31/2011

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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