

FEC FORM 2 STATEMENT OF CANDIDACY

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|---|--------------------------------------|--|--|
| 1. (a) Name of Candidate (in full) JAMES R. ("RICK") PERRY | | 2. Candidate's FEC Identification Number | |
| (b) Address (number and street) OFFICE OF THE GOVERNOR - STATE INSURANCE BLDG | | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code 1100 SAN JACINTO - AUSTIN, TEXAS 78701 | | 3. Is This Statement <input checked="" type="radio"/> New (N) OR <input type="radio"/> Amended (A) | |
| 4. Party Affiliation REPUBLICAN | 5. Office Sought PRESIDENT | 8. State & District of Candidate | |

FEC MAIL CENTER

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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)
RICK PERRY.ORG., INC.

(b) Address (number and street)
P.O. Box 12726

(c) City, State, and ZIP Code
AUSTIN, TEXAS 78711

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committees, 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 James R. "Rick" Perry | Date 8/13/2011 |
|--|--------------------------|

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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FEC FORM 2 (REV. 02/2009)



| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. | |
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| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt 8/15/11 |
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
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| | Next Business Day Delivery <input type="checkbox"/> |
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|  | 8/15/11 |
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