

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
 FEC MAIL CENTER
 2017 AUG -1 AM 11:56

1. (a) Name of Candidate (in full) <u>Tim Burchett</u>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>PO Box 51345</u>		
(c) City, State, and ZIP Code <u>Knoxville TN 37950-1345</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>US Representative</u>	6. State & District of Candidate <u>Tennessee 2nd District</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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>Burchett For Congress</u>
(b) Address (number and street) <u>PO Box 51345</u>
(c) City, State, and ZIP Code <u>Knoxville TN 37950-1345</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 	Date <u>7/29/17</u>
---	------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

--	--	--	--	--	--	--	--	--

2017-08-01 11:56 AM

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

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

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

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

2017-08-01 10:00:00

PRESS FIRMLY TO SEAL

PRIORITY MAIL

POSTAGE EST SEI

CUSTOMER USE ONLY
 FROM: (PLEASE PRINT)
 Burchett for Congress
 P.O. Box 51345
 Knoxville, TN 37950 1345

PHONE (605) 201-3136

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery (additional fee, where available)
 10:30 AM Delivery (additional fee, where available)
 Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

1999 E Street NW
 Washington, DC

PHONE ()

ZIP + 4® (U.S. ADDRESSES ONLY)
 20463

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811. Insurance included.

PRESS FIRMLY TO SEAL

U.S. POSTAGE
 PAID
 KNOXVILLE, TN
 37950
 JUL 31, 2017
 AMOUNT
\$23.75
 R2304M113884-07



20463



1007



EL804263445US

MAILING LABEL HERE

UNITED STATES POSTAL SERVICE®
 PRIORITY MAIL EXPRESS™

RECEIVED
 FEC MAIL CENTER
 2017 AUG -1 AM 11:56

ORIGIN (POSTAL SERVICE USE ONLY)		SCHEDULED DELIVERY DATE (MMDDYY)		POSTAGE	
<input checked="" type="checkbox"/> 1-Day	FO ZIP Code	<input type="checkbox"/> 2-Day	Scheduled Delivery Date	<input type="checkbox"/> Military	Postage
	37950		8-1-17		\$ 23.75
	Date Accepted (MMDDYY)		Scheduled Delivery Time		Insurance Fee
	7-31-17		10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/>		\$
	Time Accepted		10:30 AM Delivery Fee		Return Receipt Fee
	1:20 AM		\$		\$
	Special Handling/Fragile		Sunday/Holiday Premium Fee		Live Animal Transportation Fee
	\$		\$		\$
	Weight lbs. ozs.		Acceptance Employee Initials		Total Postage & Fees
	1.20 ozs.		CMC		\$ 23.75
DELIVERY (POSTAL SERVICE USE ONLY)		DELIVERY ATTEMPT (MMDDYY) Time		EMPLOYEE SIGNATURE	
	1		<input type="checkbox"/> AM <input type="checkbox"/> PM		
	Delivery Attempt (MMDDYY) Time		<input type="checkbox"/> AM <input type="checkbox"/> PM		

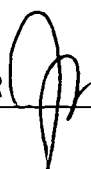
LABEL 11-B, OCTOBER 2016 PSN 7690-02-000-8996 3-ADDRESSEE COPY

Shipping is the property of the U.S. Postal Service and is provided solely for use in sending Priority Mail Express shipments. Misuse may be a violation of federal law. This packaging is not for resale. EPI3F © U.S. Postal Service, July 2013. All rights reserved.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/31/17
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)



8/1/17
DATE PREPARED

20170801 10:00:00 AM