

FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <i>Thomas Patrick Clements</i>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>416 Cherokee Lane</i>		2. FEC Candidate Identification Number <i>C00559880</i>
(c) City, State, and ZIP Code <i>Lafayette, Louisiana, 70508-7010</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <i>LIBERTARIAN</i>	5. Office Sought <i>President</i>	6. State & District of Candidate <i>LA 03</i>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) <i>THOMAS "P." CLEMENTS. PRESIDENT</i>
(b) Address (number and street) <i>416 Cherokee Lane</i>
(c) City, State, and ZIP Code <i>Lafayette, Louisiana, 70508-7010</i>

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 <i>Thomas P. Clements</i>	Date <i>February 4th, 2016</i>
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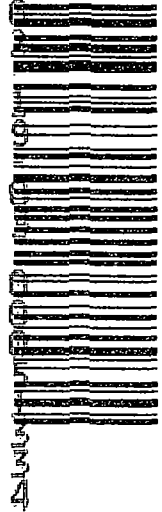
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Thomas P. Clements
416 Cherokee Ln.
Lafayette, LA 70508-7010

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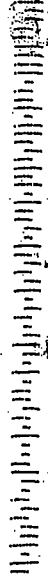
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