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## FEC FORM 2

## STATEMENT OF CANDIDACY

=										
1.	(a) Name of Candidate (in full)  Reel, Matt, , ,									
	(b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number				
	P.O. Box 112	□ Check if address changed				H8TN07100				
	(c) City, State, and ZIP Code	IP Code				3. Is This		ew	Amended	
	Centerville	TN 37033			3	Staten	nent X (N	OR	(A)	
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist		date			
	DEMOCRATIC PARTY	House			TN	07				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full)  MATT REEL FOR CONGRESS										
	(b) Address (number and street) P.O. BOX 112									
	(c) City, State, and ZIP Code									
	CENTERVILLE				TN	37033	3			
	<u> </u>									
	D		N OF OT		THO DIZED	0014141	TEEO			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8.	I hereby authorize the following na candidacy.	med committee	, which is NO	T my principa	al campaign cor	nmittee, to re	eceive and ex	pend funds	s on behalf of my	
NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
	(b) Address (number and street)									
	(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.										
Si	Signature of Candidate Date									
Reel, Matt										
	[Electronically Filed] 01/24/2018									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)