

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Thomas A. Adams		2. Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 214 Pebble Creek Crossing		
(c) City, State, and ZIP Code Fort Mill, SC 29715		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Democrat	5. Office Sought House	6. State & District of Candidate South Carolina 5th

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) Tom Adams for Congress
(b) Address (number and street) 214 Pebble Creek Crossing
(c) City, State, and ZIP Code Fort Mill, SC 29715

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

FEDERAL ELECTION COMMISSION
 PUBLIC DISCLOSURE DIVISION
 2014 MAR 31 AM 10:31

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 3/21/14
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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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14031202026

14031202027

U.S. STATE
ASSOCIATION

Mr. Thomas A. Adams
214 Pebble Creek Xing
Fort Mill, SC 29715-8865



QUANTITY NO 000

29 MAR 2014 PM 11

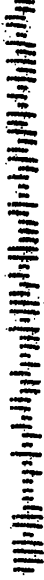
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 PREPARER

3/31/14
 DATE PREPARED

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