

Image# 201801239090522089

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CORLEW, BOB, , ,			2. Candidate's FEC Identification Number H8TN06102	
(b) Address (number and street) PO BOX 358		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code MOUNT JULIET TN 37121		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TN 06		

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) BOB CORLEW FOR CONGRESS		
(b) Address (number and street) 341 BLOCKADE LANE		
(c) City, State, and ZIP Code MOUNT JULIET TN 37122		

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 CORLEW, BOB, , , <i>[Electronically Filed]</i>	Date 01/23/2018
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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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