

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

17 JAN -3 PM 1:33

1. (a) Name of Candidate (in full) TOOMEY, PATRICK JOSEPH, . .			2. Candidate's FEC Identification Number S4PA00121	
(b) Address (number and street) 5250 WHEATLAND DR		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ZIONSVILLE PA 18092		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate PA 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) FRIENDS OF PAT TOOMEY		
(b) Address (number and street) 228 S. Washington St., Ste. 115		
(c) City, State, and ZIP Code Alexandria VA 22314		

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) TOOMEY PENNSYLVANIA VICTORY FUND		
(b) Address (number and street) 228 S WASHINGTON ST STE 115		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

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 TOOMEY, PATRICK JOSEPH, . . 	Date 1/3/17
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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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201701030200000150

Faxed
or
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20170103020000159

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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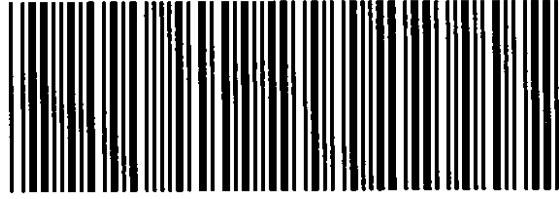
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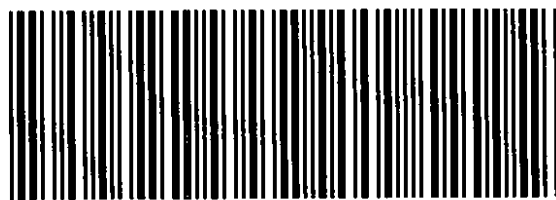
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PREPARER HB DATE PREPARED 1/3/17

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