## FEC FORM 2 STATEMENT OF CANDIDACY

01/17/2018 15 : 31

| 1. (a) Name of Candidate (in full)                |                                     |                     |               |   |                        |                        |
|---|-------------------------------------|---------------------|---------------|---|------------------------|------------------------|
| Nelson, Kevin, , ,                                |                                     |                     |               |   |                        |                        |
| (b) Address (number and street)<br>PO Box 303129  |                                     |                     |               | 2. Candidate's FEC Identification Number<br>H8TX10136 |                        |                        |
| (c) City, State, and ZIP Code                     |                                     |                     |               | 3. Is This  | New                    | Amended                |
| Austin TX 78703                                   |                                     |                     |               | Statement   | <b>X</b> (N) <b>OR</b> | (A)                    |
| 4. Party Affiliation                              | 5. Office Sought                    | 6. S                | tate & Distri | ict of Candidate                                      |                        |                        |
| DEMOCRATIC PARTY                                  | House                               | ۲                   | -X            | 10  |                        |                        |
| D   | ESIGNATION OF PRI                   | NCIPAL CA           | MPAIGN        | COMMITTE  | E                      |                        |
| 7. I hereby designate the following n             | amed political committee as my      | Principal Camp      | aign Comm     |   | 018 election)          | on(s).                 |
| NOTE: This designation should be                  | e filed with the appropriate office | e listed in the ins | tructions.    |   |                        |                        |
| (a) Name of Committee (in full)                   |                                     |                     |               |   |                        |                        |
| Kevin Nelson for C                                | ongress                             |                     |               |   |                        |                        |
| (b) Address (number and street)<br>PO Box 660270  |                                     |                     |               |   |                        |                        |
| (c) City, State, and ZIP Code                     |                                     |                     |               |   |                        |                        |
| Austin  |                                     |                     | ТΧ            | 78766   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
| D   | ESIGNATION OF OTH                   | IER AUTHO           | RIZED (       |   | s                      |                        |
| _   |                                     | Fundraising Rep     |               |   | -                      |                        |
|   |                                     |                     |               |   |                        |                        |
| 8. I hereby authorize the following na candidacy. | amed committee, which is NOT        | my principal car    | npaign com    | mittee, to receive a                                  | and expend funds       | s on behalf of my      |
| NOTE: This designation should be                  | e filed with the principal campai   | gn committee.       |               |   |                        |                        |
| (a) Name of Committee (in full)                   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
| (b) Address (number and street)                   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
| (c) City, State, and ZIP Code                     |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
| I certify that I have e                           | xamined this Statement and to t     | the best of my kr   | owledge an    | nd belief it is true, o                               | correct and comp       | lete.                  |
| Signature of Candidate                            |                                     |                     |               | Date  |                        |                        |
| Nelson, Kevin, , ,                                |                                     |                     |               |   |                        |                        |
|   |                                     | [Electronic         | ally Filed]   | 01/17/2018  |                        |                        |
|   |                                     |                     |               |   |                        |                        |
| NOTE: Submission of false, erroneou               | is, or incomplete information ma    | ay subject the pe   | rson signing  | g this Statement to                                   | penalties of 2 U.      | S.C. §437g.            |
|   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   |                        |                        |
|   |                                     |                     |               |   | FE                     | C FORM 2 (REV. 02/2009 |