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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
THOMAS F III LEATHERWOOD

(b) Address (number and street) ☐ Check if address changed
5940 GRIFFIN ROAD

2. Candidate's FEC Identification Number
H8TN07043

(c) City, State, and ZIP Code
ARLINGTON TN 38002

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
REPUBLICAN PARTY	House	TN 08

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
TOM LEATHERWOOD FOR CONGRESS

(b) Address (number and street)
PO BOX 738

(c) City, State, and ZIP Code
ARLINGTON TN 38002-0738

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	Date
Tom Leatherwood ***[Electronically Filed]***	02/25/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.