icon next to each line number.

2016 · 01 · 29 · 08 · 00043235

FEC FORM 2 **STATEMENT OF CANDIDACY**

RECEIVED FEC MAIL CENTER

1.	(a) Name of Candidate (in full) Catherine "Cat" Louise Ping			2016 JAN 29 AM 11: 50					
	(b) Address (number and street)	Check if address changed		2. Identification	Number				
	5859 E. 38th Street			2. Identification	- Number				
	(c) City, State, and ZIP Code			3. Is This	New	Amended			
	Indianapolis, IN 46218			Statement	_ [V] (N)_	OR (A)			
4.	Party Affiliation Republican	5. Office Sought U.S. Representative	1	rict of Candidate 7th District					
			.1						
7.	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)								
		iled with the appropriate office listed in the	he instructions.						
	(a) Name of Committee (in full)								
	Cat Ping for Congre	ess 							
	(b) Address (number and street)								
	5155 N. Shadeland	Ave., Suite 102							
	(c) City, State, and ZIP Code								
	Indianapolis, IN 4	6226							
		SIGNATION OF OTHER AU	THODITED	COMMITTE	FS				
	UE	SIGNATION OF UTHER AU	IHORIZEDI	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)					
	UE				LJ				
8.			g Representative	es)		nd funds on behalf of my			
8.		(Including Joint Fundraisin	g Representative al campaign com	es) nmittee, to receiv		nd funds on behalf of my			
8.	I hereby authorize the following nan candidacy.	(Including Joint Fundraisin	g Representative	es)		nd funds on behalf of my			
8.	I hereby authorize the following nan candidacy.	(Including Joint Fundraisin	g Representative	es) nmittee, to receiv		nd funds on behalf of my			
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f	(Including Joint Fundraisin	g Representative	es) nmittee, to receiv		nd funds on behalf of my			
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	(Including Joint Fundraisin	g Representative	es) nmittee, to receiv		nd funds on behalf of my			
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f	(Including Joint Fundraisin ned committee, which is NOT my princip	g Representative	es) nmittee, to receiv		nd funds on behalf of my			
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	(Including Joint Fundraisin	g Representative	es) nmittee, to receiv		nd funds on behalf of my			
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	I hereby authorize the following nancandidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZHP Code	(Including Joint Fundraisin	g Representative	nmittee to receiv	e and exper				
	I hereby authorize the following nancandidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	(Including Joint Fundraisin ned committee, which is NOT my princip illed with the principal campaign commit	g Representative	es) nmittee to receiv	e, correct and	d complete.			
	I hereby authorize the following nancandidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZHP Code	(Including Joint Fundraisin ned committee, which is NOT my princip illed with the principal campaign commit	g Representative	nmittee to receiv	e and exper	d complete.			
Si	I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exagnature of Candidate	(Including Joint Fundraisin ned committee, which is NOT my princip illed with the principal campaign commit	g Representative al campaign com	nmittee to receive	e and exper	d complete. /2016			
Si	I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exagnature of Candidate	(Including Joint Fundraisin ned committee, which is NOT my princip illed with the principal campaign committee) with the principal campaign committee.	g Representative al campaign com	nmittee to receive	e and exper	d complete. /2016			
Si	I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exagnature of Candidate	(Including Joint Fundraisin ned committee, which is NOT my princip illed with the principal campaign committee) with the principal campaign committee.	g Representative al campaign com	nmittee to receive	e and exper	d complete. /2016			

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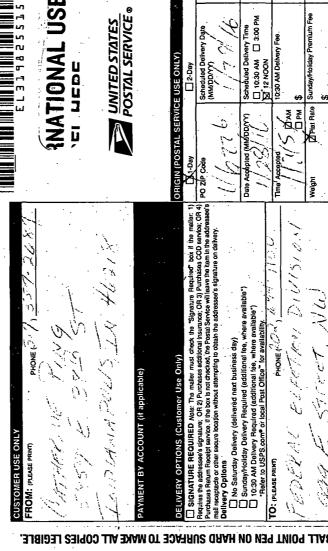
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JAN 29

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Federal Election Comr ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
DEPLOSED MP	1/29/2016
PREPARER // // (3/2015)	DATE PREPARED