FEC FORM 2 STATEMENTLOF CANDIDACY.

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RF		-	W.	

1. (a) Name of Candidate (in full)				
Themas Weston Wamp				AN 22 PM 12: 42
(b) Address (number and street) Check if address changed P.O. Box 11349				MAIL CENTER
(c) City, State, and ZIP Code Chattanooga, TN 3740	1			New Amended (A)
. Party Affiliation Republican	5. Office Sought U. S. Congress	1	District of Candidate SSEE - 3rd	
DI . I hereby designate the following na	ESIGNATION OF PRIM amed political committee as my		mmittee for the2014	
NOTE: This designation should be	filed with the appropriate office	listed in the instruction	(year of ele s.	action)
(a) Name of Committee (in full)				·····
Weston Wamp for	Congress			
(b) Address (number and street)		_		
P.O. Box 11349				
(c) City, State, and ZIP Code		<u></u>		
Chattanooga, TN	37401			
D	ESIGNATION OF OTH	ER AUTHORIZE	D COMMITTEES	
	(Including Joint	Fundraising Represent	atives)	
 I hereby authorize the following na candidacy. 	amed committee, which is NOT	my principal campaign	committee, to receive and e	expend funds on behalf of my
NOTE: This designation should be	filed with the principal campaig	in committee.		
(a) Name of Committee (in full)		···· · ··· ··· ··· ··· ···············	· · · · · · · · · · · · · · · · · · ·	
(a) Name of Committee (in full)			·	
			· · · · ·	
NONE			· · · · · · · · · · · · · · · · · · ·	
NONE		····	· · · · · · · · · · · · · · · · · · ·	
NONE (b) Address (number and street)		····	· · · · · · · · · · · · · · · · · · ·	
NONE (b) Address (number and street) (c) City, State, and ZIP Code	camined this Statement and to t	he best of my knowled	ge and belief it is true, corre	ct and complete.
NONE (b) Address (number and street) (c) City, State, and ZIP Code	xamined this Statement and to t	he best of my knowledg	ge and belief it is true, corre	ct and complete.
NONE (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have ex		the best of my knowledg		ct and complete.
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate Momas Wash	-W-p		Date ///3//4	
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate	- W-P is, or incomplete information ma		Date ///3//4	
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate <i>Momas Wash</i> NOTE: Submission of false, erroneou	- W-P is, or incomplete information ma	ay subject the person si	Date ///3//4	
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate <i>Momas Wash</i> NOTE: Submission of false, erroneou	- W-P is, or incomplete information ma	ay subject the person si	Date ///3//4	alties of 2 U.S.C. §437g.
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate Momas Wash	- W-P is, or incomplete information ma	ay subject the person si	Date ///3//4	alties of 2 U.S.C. §437g.
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate Momas Wash	- W-P is, or incomplete information ma	ay subject the person si	Date ///3//4	alties of 2 U.S.C. §437g.
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate <i>Momas West</i> NOTE: Submission of false, erroneou	- W-P is, or incomplete information ma	ay subject the person si	Date ///3//4	alties of 2 U.S.C. §437g.
NONE (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate <i>Momas West</i> NOTE: Submission of false, erroneou	- W-P is, or incomplete information ma	ay subject the person si	Date ///3//4	alties of 2 U.S.C. §437g.
NONE (b) Address (number and street) (c) City, State, and ZIP Code (c) City, State, and City, and (c) City,	- W-P is, or incomplete information ma	ay subject the person si	Date	

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