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FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) THOMAS F. KOVACH		2. Identification Number H6 TN 05264
(b) Address (number and street) 405 ANTHONY BRANCH DR		☐ Check if address changed
(c) City, State, and ZIP Code MOUNT JULIET TN 37122-4028		3. Is This Statement ☒ (N) OR ☐ (A) Amended
4. Party Affiliation INDEP.	5. Office Sought US HOUSE OF REP.	6. State & District of Candidate TN-05

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2008** 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) KOVACH FOR CONGRESS
(b) Address (number and street) 1483 N MT JULIET RD STE 209
(c) City, State, and ZIP Code MOUNT JULIET TN 37122-3315

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) N/A
(b) Address (number and street)
(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

0.00

8A

for the primary election, and

0.00

9B

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 Thomas F. Kovach	Date THU, 09 OCT 2008
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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. § 557g.

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Federal Election Commission
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