

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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|                                                                                                               |                                                     |                                                                                                    |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>JOSEPH (JOE) DANIEL TEGERDINE</b>                                    |                                                     | 2. Candidate's FEC Identification Number                                                           |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><b>20 PINNACLE POINT</b> |                                                     |                                                                                                    |
| (c) City, State, and ZIP Code<br><b>PETAL, MS 39465</b>                                                       |                                                     | 3. Is This Statement <input checked="" type="radio"/> New (N) OR <input type="radio"/> Amended (A) |
| 4. Party Affiliation<br><b>REPUBLICAN</b>                                                                     | 5. Office Sought <b>House of Rep. U.S. CONGRESS</b> | 6. State & District of Candidate<br><b>MISSISSIPPI 4<sup>th</sup> DISTRICT</b>                     |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)<br><b>TEGERDINE FOR CONGRESS COMMITTEE</b> |
| (b) Address (number and street)<br><b>PO BOX 996</b>                       |
| (c) City, State, and ZIP Code<br><b>PETAL, MS 39465</b>                    |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

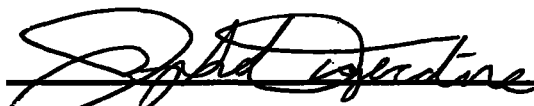
(Including Joint Fundraising Representatives)

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<br> | Date<br><b>6/12/2009</b> |
|---------------------------------------------------------------------------------------------------------------|--------------------------|

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

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PREPARER

(3/2005)

6/29/09

DATE PREPARED

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