

Image# 201802029094237346

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CASSON, THOMAS, SICK OF D.C., ,			2. Candidate's FEC Identification Number H4AL03053	
(b) Address (number and street) 1932 COX ROAD		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code AUBURN AL 36832		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation INDEPENDENT	5. Office Sought House	6. State & District of Candidate AL 03		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) SICK OF D.C. FOR CONGRESS		
(b) Address (number and street) 6801 LEE ROAD 54 P.O. BOX 3196		
(c) City, State, and ZIP Code AUBURN AL 36831		

### 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 Casson, Thomas, Sick of D.C., ,  <i>[Electronically Filed]</i>	Date 02/02/2018
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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. §437g.

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