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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Clay Cope			2. Candidate's FEC Identification Number H6CT05157	
(b) Address (number and street) 1 Brinsmade Lane		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Sherman CT 06784		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CT 05		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Clay Cope for Congress		
(b) Address (number and street) 53 Peck Road		
(c) City, State, and ZIP Code Torrington CT 06790		

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 Clay Cope [Electronically Filed]	Date 01/22/2016
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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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