

09 JUN 16 AM 10: 25

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TOM WALSH			2. Candidate's FEC Identification Number	
(b) Address (number and street) 6245-B COPPER LEAF LANE		☐ Check if address changed		
(c) City, State, and ZIP Code NAPLES, FL 34116		3. Is This Statement New (N) OR Amended (A)		
4. Party Affiliation REPUBLICAN	5. Office Sought US SENATE	6. State & District of Candidate FLORIDA		

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) TOM WALSH 2010	
(b) Address (number and street) 6245-B COPPER LEAF LANE	
(c) City, State, and ZIP Code NAPLES, FL 34116	

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

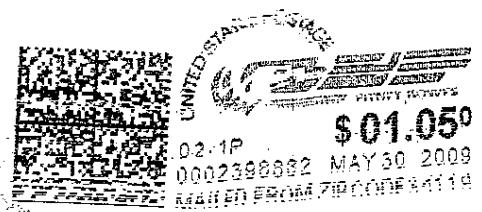
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Thomas F Walsh	Date 5/29/09
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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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Tom Walsh 2019
6245-B Copp
Naples, FL 34...



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of Public Records
EX 2517
ndria, Va
22301

29020211365

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

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United States Senate

OFFICE OF THE SECRETARY

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