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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Thomas Beckwith Wells

(b) Address (number and street)
502 NE 6th Ave

☐ Check if address changed

2. Candidate's FEC Identification Number
H6FL03073

(c) City, State, and ZIP Code
Gainesville FL 32601

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
DEMOCRATIC PARTY

5. Office Sought
House

6. State & District of Candidate
FL 03

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) election(s).

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Tom Wells for Congress Campaign Committee

(b) Address (number and street)
502 NE 6th Ave

(c) City, State, and ZIP Code
Gainesville FL 32601

### 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**
*Dr. Thomas Beckwith Wells Ph'D.* ***[Electronically Filed]***

**Date**
06/23/2016

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