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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full) WAYNE EDWARD WHITFIEL   |                |               |             |                   |   |              |           |      |         |  |
|---|---|----------------|---------------|-------------|-------------------|---|--------------|-----------|------|---------|--|
|   | (b) Address (number and street)   |                |               |             |                   | Candidate's FEC Identification Number     H4KY01040 |              |           |      |         |  |
|   | (c) City, State, and ZIP Code   |                |               |             |                   | 3. Is This  | Nev          | N         |      | Amended |  |
|   | HOPKINSVILLE  |                |               |             |                   | Statemen  | t × (N)      | OR        | Ш    | (A)     |  |
| 4.  | Party Affiliation   | 5. Office Soug | jht           |             |                   | rict of Candidate                                   | )            |           |      |         |  |
|   | REPUBLICAN PARTY  | House          |               |             | KY                | 01  |              |           |      |         |  |
| 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) |                |               |             |                   |   |              |           |      |         |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                  |                |               |             |                   |   |              |           |      |         |  |
| (a) Name of Committee (in full) WHITFIELD FOR CONGRESS COMMITTEE  |   |                |               |             |                   |   |              |           |      |         |  |
|   | (b) Address (number and street)<br>P.O. BOX 391   |                |               |             |                   |   |              |           |      |         |  |
|   | (c) City, State, and ZIP Code   |                |               |             |                   |   |              |           |      |         |  |
|   | HOPKINSVILLE  |                |               |             | KY                | 42241   |              |           |      |         |  |
|   |   |                |               |             |                   |   |              |           |      |         |  |
| 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 exa   | mined this Sta | tement and to | the best of | my knowledge a    | and belief it is tru                                | e, correct a | and compl | ete. |         |  |
|   | Signature of Candidate  |                |               |             |                   |   |              |           |      |         |  |
| W   | AYNE EDWARD WHITFIELD   |                |               | [Elec       | tronically Filed] | 12/12/2014  |              |           |      |         |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |   |                |               |             |                   |   |              |           |      |         |  |
|   |   |                |               |             |                   |   |              |           |      |         |  |
|   |   |                |               |             |                   |   |              |           |      |         |  |
|   |   |                |               |             |                   |   |              |           |      |         |  |

FEC FORM 2 (REV. 02/2009)