FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					<u> </u>		
	Kip E Tom							
	(b) Address (number and street) 60 EMS T37 Lane				Candidate's FEC Identification Number H6IN03252			
	(c) City, State, and ZIP Code				3. Is This N	ew	Amended	
	Leesburg					N) OR	(A)	
4.	Party Affiliation	5. Office Sought		6. State & Distr	rict of Candidate			
	REPUBLICAN PARTY	House		IN	03			
	DE	SIGNATION OF P	RINCIPAL	. 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)							
	Friends of Kip Tom							
	(b) Address (number and street) PO Box 216							
	(c) City, State, and ZIP Code							
	Leesburg			IN	46538			
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	nmined this Statement and	to the best of	f my knowledge al	nd belief it is true, correct	t and complet	e.	
Si	gnature of Candidate				Date			
	Kip E Tom [Electronically Filed]				09/02/2015			
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)