

# FEC FORM 2 STATEMENT OF CANDIDACY

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2015 MAY 18 AM 11:45

1. (a) Name of Candidate (in full) Tod Mowery		2. Candidate's FEC Identification Number	
(b) Address (number and street) 241 SW Fernleaf Trail		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Port St. Lucie FL 34953		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 FL 18	

### 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) Mowery for Congress	
(b) Address (number and street) 241 SW Fernleaf Trail	
(c) City, State, and ZIP Code Port St. Lucie FL 34953	

### 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 Tod Mowery <i>Tod Mowery</i>	Date 5.14.15
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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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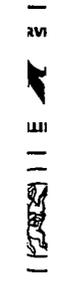
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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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 PREPARER

5/18/15  
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