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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Madden, Thomas, Daniel, ,			2. Candidate's FEC Identification Number H2IN01164	
(b) Address (number and street) 5009 Hillside Ln		☐ Check if address changed		
(c) City, State, and ZIP Code Valparaiso IN 46383		3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate IN 01		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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 Madden for Indiana		
(b) Address (number and street) 5009 Hillside Ln		
(c) City, State, and ZIP Code Valparaiso IN 46383		

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 Madden, Thomas, Daniel, , [Electronically Filed]	Date 06/17/2021
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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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