

Image# 15951094719

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ED HOLLIDAY			2. Candidate's FEC Identification Number H5MS01109	
(b) Address (number and street) 901 GARFIELD ST.		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code TUPELO MS 38801		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 MS 01		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2015 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) EDWARD TROY HOLLIDAY		
(b) Address (number and street) 901 GARFIELD ST.		
(c) City, State, and ZIP Code TUPELO MS 38801		

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 <i>Dr. Ed Holliday</i>	Date 03/23/2015
<i>[Electronically Filed]</i>	

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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