

Image# 201611289037474759

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Rooney, Tom, , Mr.,			2. Candidate's FEC Identification Number H8FL16022	
(b) Address (number and street) PO Box 2407		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Okeechobee FL 34973		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 17		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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 ROONEY FOR CONGRESS		
(b) Address (number and street) 1133 BAL HARBOR BLVD. 1139 #186		
(c) City, State, and ZIP Code PUNTA GORDA FL 33950		

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) TOM ROONEY VICTORY COMMITTEE		
(b) Address (number and street) 824 S MILLEDGE AVE STE 101		
(c) City, State, and ZIP Code ATHENS GA 30605		

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 Rooney, Tom, , Mr., <i>[Electronically Filed]</i>	Date 11/28/2016
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--