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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) NOELLE NIKPOUR		
(b) Address (number and street) 6671 WEST INDIANTOWN ROAD		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code JUPITER		FL 33458
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
		6. State & District of Candidate FL 18
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)		

### 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)

**NOELLE NIKPOUR FOR CONGRESS INC**

(b) Address (number and street)

500 CUMMINGS CENTER, SUITE 4400

(c) City, State, and ZIP Code

BEVERLY

MA

01915

### 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**

NOELLE NIKPOUR

**Date**

*[Electronically Filed]*

08/04/2015

**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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