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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) NOELLE NIKPOUR			2. Candidate's FEC Identification Number H6FL18139	
(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			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) 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 [Electronically Filed]	Date 08/04/2015
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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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