

Image# 202507299764341832

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Thorp, Jonathan, , ,		
(b) Address (number and street) 6364 Hopewell Rd		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Springfield TN 37172		2. Candidate's FEC Identification Number H6TN07153
4. Party Affiliation INDEPENDENT		5. Office Sought House
6. State & District of Candidate TN 07		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" 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 2025 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) FRIENDS OF JON THORP		
(b) Address (number and street) 513 MEMORIAL BLVD PMB 114		
(c) City, State, and ZIP Code SPRINGFIELD TN 37172		

### 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 Thorp, Jonathan, , ,	Date 07/29/2025
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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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Form/Schedule: F2A  
Transaction ID :

2025 Special Election.

Form/Schedule:  
Transaction ID: