

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mable Able Thomas

(b) Address (number and street)  Check if address changed 765 Jones Ave. N.W.

(c) City, State, and ZIP Code Atl. Ga. 30314

2. Identification Number

3. Is This Statement  New (N) OR Amended (A)

4. Party Affiliation Dem. 5. Office Sought U.S. Congress 5th D. 6. State & District of Candidate Ga. 5th District

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 08 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) Able Mable for Congress 08

(b) Address (number and street) 765 Jones Ave. N.W.

(c) City, State, and ZIP Code Atl. Ga. 30314

### 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. N/A

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A \$10,000 for the primary election, and

9B for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 Mable Able Thomas Date 5/18/08

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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 PREPARER

*5/21/08*  
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