

Image# 202601219794114955

FEC FORM 2

STATEMENT OF CANDIDACY

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

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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 01/21/2026
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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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