

FEC FORM 2

STATEMENT OF CANDIDACY

FILED
 COLLECTION
 DIVISION
 ENCLOSURE
 117

2010 APR 12 P 12 46

1. (a) Name of Candidate (in full) <i>Benjamin T. Leming</i>		2. Candidate's FEC Identification Number	
(b) Address (number and street) <i>2114 Creekwalk Drive</i>		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code <i>Murfreesboro TN 37130</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <i>Democrat</i>	5. Office Sought <i>U.S. House</i>	6. State & District of Candidate <i>Tennessee, 6</i>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) <i>Ben Leming for Congress</i>
(b) Address (number and street) <i>2114 Creekwalk Drive</i>
(c) City, State, and ZIP Code <i>Murfreesboro TN 37130</i>

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 <i>[Handwritten Signature]</i>	Date <i>4/7/10</i>
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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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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JMD
 PREPARER

4/12/10
 DATE PREPARED

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