

2018 JAN 31 PM 2:03

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

THOMAS P CASEY

(b) Address (number and street)

70 SHEARER AVE

Check if address changed

2. FEC Candidate Identification Number

(c) City, State, and ZIP Code

EAST AURORA NY 14052

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

4. Party Affiliation

DEMOCRATIC

5. Office Sought

HOUSE OF REPRESENTATIVES

6. State & District of Candidate

NY 27

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Tom CASEY FOR CONGRESS

(b) Address (number and street)

70 SHEARER AVE

(c) City, State, and ZIP Code

EAST AURORA, NY 14

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 act on my behalf in my name.

NOTE: This designation should be filed with the principal campaign committee.

of my

2004

TERMINATED

RUN

H2 NY 27080

(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

Thomas P Casey

Date

1/14/18

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Thomas Casey
70 Shearer Ave
East Aurora NY 14052-1621



26-3601

2018 JAN 31 PM12:00
RECE MAIL CENTER

7017 1450 0000 2855 7453

CANDIDATE 1616

FEDERAL ELECTION COMMISSION

999 E ST NW

WASHINGTON DC 20463

CANDIDATE FILE
FEDERAL ELECTION COMMISSION

20463-

2018 JAN 31 PM12:00

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.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	1/31/2018 DATE PREPARED