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## FEC FORM 2

## STATEMENT OF CANDIDACY

_	( ) ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )									
1.	(a) Name of Candidate (in full)									
	Levin, Mike, , ,									
	(b) Address (number and street) 555 East Ocean Blvd Ste 420	⊔с	heck if addre	ss changed		2. Candidate's H8CA490		ification I	Number	
	(c) City, State, and ZIP Code					3. Is This	Nev	N	A	mended
	Long Beach		CA	9080	2	Statemen	nt 🗶 (N)	OR	(4	A)
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	rict of Candidate	е			
	DEMOCRATIC PARTY	House			CA	49				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	COMMIT	TEE			
7.	I hereby designate the following nar	ned political co	mmittee as n	ny Principal	Campaign Comn		2020 rear of electi		ion(s).	
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.					
	(a) Name of Committee (in full)									
	Mike Levin for Cong	ress								
	(b) Address (number and street)									
	PO Box 2112									
	Ste 400									
	(c) City, State, and ZIP Code									
	Capistrano Beach				CA	92624				
	DE				THORIZED		EES			
		(	Including Joir	nt Fundraisir	g Representative	es)				
8.	I hereby authorize the following nam	ned committee,	which is NO	T my princip	al campaign con	nmittee, to rece	ive and exp	end funds	s on behal	f of my
	candidacy.				. 0		•			•
	•									
	<b>NOTE:</b> This designation should be f	iled with the pr	incipal campa	aign committ	ee.					
	(a) Name of Committee (in full)									
	Bold Democrats III									
	(b) Address (number and street)									
	PO Box 75357									
	(a) Oite Otata and ZID Orda									
	(c) City, State, and ZIP Code									
	Washington				DC	20013				
										1
	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Si	Signature of Candidate Date									
Le	Levin Mike									
	vin, Mike, , ,					01/31/2020				
	vin, Mike, , ,			[Elec	tronically Filed]	01/31/2020				
	vin, Mike, , ,			[Elec	tronically Filed]	01/31/2020				
NC	vin, Mike, , ,  TE: Submission of false, erroneous,	or incomplete	information n		·			es of 2 U	S.C. §437	g.
NC		or incomplete	information n		·			es of 2 U.	S.C. §437	g.
NC		or incomplete	information n		·			es of 2 U.	S.C. §437	g.
NC		or incomplete	information n		·			es of 2 U.	S.C. §437	g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	3

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(including Joint Fundraising	Representativ	es)				
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	California Candidates Victory Fund						
	(b) Address (number and street) 777 S Figueroa St Ste 4050						
	(c) City, State, and ZIP Code						
	Los Angeles	CA	90017				
}.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaig  (a) Name of Committee (in full)  Schiff Hold The House 2020		nmittee, to receive and expend funds on behalf of my				
	(b) Address (number and street) 777S S Figueroa St Ste 4050						
	(c) City, State, and ZIP Code						
	Los Angeles	CA	90017				
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaig  (a) Name of Committee (in full)  Takano California Wave  (b) Address (number and street) PO Box 15320  (c) City, State, and ZIP Code Washington	in committee.	nmittee, to receive and expend funds on behalf of my				
3.	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)  Red to Blue Victory Fund  (b) Address (number and street) 430 S Capitol St SE  Fl 2						
	(c) City, State, and ZIP Code Washington	<b>D</b> O	2000				
	Washington	DC.	20002				

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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**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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Hold the House Frontline Fund							
	(b) Address (number and street) 401 2nd Ave S							
	Ste 303							
	(c) City, State, and ZIP Code	10/0	00404					
	Seattle	WA	98104					
A	I hereby authorize the following named committee, which is NOT m	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my						
Ο.	candidacy. <b>NOTE</b> : This designation should be filed with the principal			idinas en benañ er my				
	(a) Name of Committee (in full)							
	Lofgren Victory Fund							
	(b) Address (number and street) c/o Contribution Solutions, LLC							
	1346 The Alameda, #7-380							
	(c) City, State, and ZIP Code							
	San Jose	CA	95126					
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  a) Name of Committee (in full)							
	Freshman Frontline Victory Fund							
	(b) Address (number and street) 918 Pennsylvania Ave SE							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my randidacy. <b>NOTE</b> : 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							