FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

1.	(a) Name of Candidate (in full)							
	Knoles, Mike, , ,							
	(b) Address (number and street) 2210 Remington Way Apt 127	□ Check if address changed			2. Candidate's FEC Identification Number S0MT00140			
	(c) City, State, and ZIP Code				3. Is This	New	Amended	
	Bozeman	M	T 5971	8	Statement	X (N) OR	(A)	
4.	Party Affiliation	5. Office Sought			rict of Candidate			
	DEMOCRATIC PARTY	Senate		MT	00			
	DE	SIGNATION OF PR	INCIPAL	CAMPAIGN		E		
7.		by designate the following named political committee as my Principal Campaign Committee for the <u>2020</u> 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)							
MICHAEL KNOLES CAMPAIGN COMMITTEE								
	(b) Address (number and street) 2210 REMINGTON WAY APT 127							
	(c) City, State, and ZIP Code							
					50740			
	BOZEMAN			MT	59718			
8.	I hereby authorize the following nar candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street)				nmittee, to receive a	and expend funds	s on behalf of my	
	(c) City, State, and ZIP Code							
		mined this Statement and to	the best of	my knowledne a	nd belief it is true of	correct and comp	lete	
	I certify that I have exa	mined this Statement and to	o the best of i	my knowledge a	1	correct and comp	lete.	
	I certify that I have exa	mined this Statement and to	o the best of i	my knowledge a	nd belief it is true, c Date	correct and comp	lete.	
	I certify that I have exa	mined this Statement and to		my knowledge a	1	correct and comp	lete.	
Ki	I certify that I have exa		[Elect	ronically Filed]	Date 02/10/2020			
Ki	I certify that I have exa ignature of Candidate noles, Mike, , ,		[Elect	ronically Filed]	Date 02/10/2020			
Ki	I certify that I have exa ignature of Candidate noles, Mike, , ,		[Elect	ronically Filed]	Date 02/10/2020			