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## FEC FORM 2

## STATEMENT OF CANDIDACY

=	( ) 11 ( ) ( ) ( ) ( ) ( )									
1.	(a) Name of Candidate (in full)									
	Levin, Mike, , ,  (b) Address (number and street)					2. Candidate's FEC Identification Number				
	3605 Long Beach Blvd., Suite 42		FIECK II AUUIE	ss changed		H8CA <sup>2</sup>		illiloation	INUITID	еі
	(c) City, State, and ZIP Code					3. Is This				Amended
	Long Beach		CA	90807	7	Staten	nent (N	) OR	,	(A)
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist		date			
	DEMOCRATIC PARTY	House			CA	49				
	DI	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	N СОММІ	ITTEE			
7.	I hereby designate the following na	med political co	ommittee as m	ny Principal C	Campaign Com	mittee for the	2018 (year of elect		ion(s)	
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in th	e instructions.					
	(a) Name of Committee (in full)									
	Mike Levin for Con	gress								
	(b) Address (number and street)									
	555 Capitol Mall, Suite 400									
	(c) City, State, and ZIP Code									
	Sacramento				CA	95814	1			
	DI	ESIGNATIO	N OF OT	HER AU1	<b>THORIZED</b>	COMMIT	TEES			
		(	(Including Joir	t Fundraisin	g Representativ	ves)				
0	I horoby outhorize the following no	mad aammittaa	which is NO	T mu pripain	ol compoign cor	mmittaa tara	socius and ove	and fund	o on h	shalf of my
0.	I hereby authorize the following na candidacy.	neu committee	, WINCIT IS INC	i iliy pililoipa	ai campaign coi	minitee, to re	ceive and exp	ena rana	5 011 0	eriali di Iliy
	NOTE: This designation should be	filed with the pr	incipal campa	ign committe	e.					
	(a) Name of Committee (in full)									
	CA Majority Makers	6								
	(b) Address (number and street) PO Box 15320									
	1 0 Box 10020									
	(c) City, State, and ZIP Code									
	Washington				DC	20003				
	I certify that I have ex	amined this Sta	tement and to	the best of I	my knowledge a	and belief it is	s true, correct	and comp	lete.	
Si	gnature of Candidate					Date				
Le	evin, Mike, , ,					07/17/20	10			
				[Elect	ronically Filed]	07/17/20	10			
NI/	OTE: Submission of foliar arrangement	or incomplet-	information	any nubia at th	no porcen sis-i	ng this State	mont to name!	ion of 0.11	8.0	\$427a
IAC	OTE: Submission of false, erroneous	s, or incomplete	iniornation n	iay Subject ti	ie person signi	ng mis stater	neni io penali	ies of Z U	.s.c. (	3431Y.

FEC FORM 2 (REV. 02/2009)

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)							
	California Candidates Victory Fund							
	(b) Address (number and street) 777 S. Figueroa Street, Suite 4050							
	(c) City, State, and ZIP Code							
	Los Angeles	CA	90017					
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa							
	(a) Name of Committee (in full)							
	Levin Victory Fund							
	(b) Address (number and street) 777 S. Figueroa Street, Suite 4050							
	(c) City, State, and ZIP Code							
	Los Angeles	CA	90017					
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa  (a) Name of Committee (in full)  Takano California Wave  (b) Address (number and street) P.O. Box 15320							
	(c) City, State, and ZIP Code Washington	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa  (a) Name of Committee (in full)  Swalwell-Levin Victory Fund  (b) Address (number and street) P.O. Box 2847							
	(c) City, State, and ZIP Code	CA	04500					
	Dublin	CA	94568					

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	3	of :	3

**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)							
	Lofgren Victory Fund							
	(b) Address (number and street) 1346 The Alameda #7-380							
	(c) City, State, and ZIP Code							
	San Jose CA 95126							
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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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							
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							