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## FEC FORM 2

## STATEMENT OF CANDIDACY

|   | e of Candidate (in full)   |                       |              |           |   |  |        |
|---|--|-----------------------|--------------|-----------|---|--|--------|
|   | avitti, Frank, , , Jr  |                       |              |           |   | 1  |        |
|   | b) Address (number and street) ☐ Check if address changed 8101 Petz Rd |                       |              |           | Candidate's FEC Identification Number     H8MI10132 |  |        |
| (c) City,   | State, and ZIP Code  |                       |              |           |   |  | nended |
| Imla  | ay City  |                       | MI           | 48444     | 1   | Statement (N) OR (A)                               |        |
| 4. Party Af   | filiation  | 5. Office Sought      |              |           | 6. State & Dist                                     | rict of Candidate                                  |        |
| DEMO  | CRATIC PARTY   | House                 |              |           | MI  | 10   |        |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                       |              |           |   |  |        |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)                          |  |                       |              |           |   |  |        |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.  |  |                       |              |           |   |  |        |
| (a) Name of Committee (in full)   |  |                       |              |           |   |  |        |
| Committee to Elect Frank Accavitti Jr for Congress  |  |                       |              |           |   |  |        |
| (IA) Address (second second second)   |  |                       |              |           |   |  |        |
|   | ress (number and street)<br>11 Petz Rd.                                |                       |              |           |   |  |        |
| (c) City,   | State, and ZIP Code  |                       |              |           |   |  |        |
| Im  | lay City   |                       |              |           | MI  | 48444  |        |
|   |  |                       |              |           |   |  |        |
|   |  |                       |              |           |   |  |        |
| 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) Addr  | ess (number and street)  |                       |              |           |   |  |        |
|   |  |                       |              |           |   |  |        |
| ( ) 0''   | 0  |                       |              |           |   |  |        |
| (c) City,   | State, and ZIP Code  |                       |              |           |   |  |        |
|   |  |                       |              |           |   |  |        |
|   |  |                       |              |           |   |  |        |
|   |  |                       |              |           |   |  |        |
|   | I certify that I have exa  | mined this Statement  | t and to the | best of r | my knowledge a                                      | and belief it is true, correct and complete.       |        |
| Signature   | I certify that I have exa  | amined this Statement | t and to the | best of r | ny knowledge a                                      | and belief it is true, correct and complete.  Date |        |
| Signature   | of Candidate   | mined this Statement  | t and to the |           |   | Date   |        |
| _   | of Candidate   | amined this Statement | t and to the |           | ny knowledge a                                      |  |        |
| _   | of Candidate   | mined this Statement  | t and to the |           |   | Date   |        |
| Accavitti, F  | of Candidate  Frank, , , Jr  |                       |              | [Electi   | ronically Filed]                                    | Date   |        |
| Accavitti, F  | of Candidate  Frank, , , Jr  |                       |              | [Electi   | ronically Filed]                                    | <b>Date</b> 05/09/2018                             |        |
| Accavitti, F  | of Candidate  Frank, , , Jr  |                       |              | [Electi   | ronically Filed]                                    | <b>Date</b> 05/09/2018                             |        |

FEC FORM 2 (REV. 02/2009)