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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Hartley, Michael, , ,		ماد الا م عامات	a aba '		0 Condidetel 550	Nalamatik: 4:	Niver Is a	
	842 Westgate Dr.	Address (number and street)   Check if address changed  842 Westgate Dr.				Candidate's FEC Identification Number     H8IN05139			
	(c) City, State, and ZIP Code					3. Is This	New		Amended
	Anderson		IN	4601	2	Statement <b>X</b>	(N) OR		(A)
4.	Party Affiliation	5. Office Sought				rict of Candidate			
	DEMOCRATIC PARTY	House			IN	05			
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGN	N 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 f	iled with the appro	opriate offic	e listed in the	ne instructions.				
	(a) Name of Committee (in full)								
	Mike Hartley for Cor	ngress							
	(b) Address (number and street) 842 Westgate Dr.								
	(c) City, State, and ZIP Code								
	Anderson				IN	46012			
	DE	SIGNATION	OE OTL	JED VII	TUODIZED	COMMITTEES			
	DE				g Representative				
8.	I hereby authorize the following nan candidacy.	ned committee, wh	nich is NOT	my principa	al campaign con	nmittee, to receive an	d expend fund	ds on beh	alf of my
	NOTE: This designation should be f	iled with the princ	ipal campai	gn committe	ee.				
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Staten	nent and to	the best of	my knowledge a	and belief it is true, co	rrect and com	plete.	
	gnature of Candidate					Date			
Н	artley, Michael, , ,			[Elect	ronically Filed]	04/30/2017			
				_					
N									
IA	OTE: Submission of false, erroneous	or incomplete inf	ormation m	ay subject t	he person signir	ng this Statement to p	enalties of 2 l	J.S.C. §43	37g.
IN C	OTE: Submission of false, erroneous	or incomplete inf	ormation m	ay subject t	he person signir	ng this Statement to p	enalties of 2 t	J.S.C. §43	87g.
INV	OTE: Submission of false, erroneous	or incomplete inf	ormation m	ay subject t	he person signir	ng this Statement to p	enalties of 2 t	J.S.C. §43	37g.

FEC FORM 2 (REV. 02/2009)