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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Schott, Louren, Michael, ,									
	(b) Address (number and street)					Candidate's FEC Identification Number P60023223				
	(c) City, State, and ZIP Code					3. Is This		ew	Amended	
	NewLondon		ОН	44851	1	Staten	nent X (N	l) OR	(A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candid	date			
	LIBERTARIAN	Presidential								
	DE	SIGNATION OF	PRINC	IPAL	CAMPAIGI	и сомм	ITTEE			
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	Schott Hale Commit	tee								
	(b) Address (number and street) 2498 State Route 162 East									
	(c) City, State, and ZIP Code									
	NewLondon				ОН	44851	İ			
	DE	SIGNATION OF			THORIZED g Representativ		TEES			
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 f	led with the principal c	ampaign	committe	e.					
(a) Name of Committee (in full)										
	(-)									
	(b) Address (number and street)									
(c) City, State, and ZIP Code										
	I certify that I have exa	mined this Statement a	and to the	best of ı	my knowledge a	and belief it is	s true, correct	and comp	lete.	
Si	ignature of Candidate					Date				
	chott, Louren, Michael, ,				10/09/2016					
				[Elect	ronically Filed]	10/09/20	,10			
N	OTE: Submission of false, erroneous,	or incomplete informa	tion may s	subject th	ne person signii	ng this State	ment to penal	ties of 2 U.	.S.C. §437g.	
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FEC FORM 2 (REV. 02/2009)