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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | |
|--|---------------------------|---|---|---|--|
| 1. (a) Name of Candidate (in full) Covert, Michael, , , | | | 2. Candidate's FEC Identification Number H0SC01360 | | |
| (b) Address (number and street) 95 Hampton Hall Blvd | | <input type="checkbox"/> Check if address changed | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | |
| (c) City, State, and ZIP Code Bluffton | | SC | 29910 | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate SC 01 | | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)

Covert for Congress

(b) Address (number and street)

95 Hampton Hall Blvd

(c) City, State, and ZIP Code

Bluffton

SC

29910

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) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

Covert, Michael, , ,

Date

[Electronically Filed]

01/10/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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