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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Swing, Michael, D., ,		
(b) Address (number and street) P.O. Box 100315		☐ Check if address changed
(c) City, State, and ZIP Code Fort Lauderdale FL 33310		2. Candidate's FEC Identification Number P40007189
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement ☒ New (N) OR ☐ Amended (A)
5. Office Sought Presidential		6. State & District of Candidate 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Michael D. Swing For President		
(b) Address (number and street) P.O. BOX 100315		
(c) City, State, and ZIP Code FORT LAUDERDALE FL 33310		

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 Swing, Michael, D., , [Electronically Filed]	Date 01/14/2022
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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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