FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)							
Adams, Samuel, Everett, Mr.,							
(b) Address (number and street)				2. Candidate's FEC Identification Number H0FL06095			
(c) City, State, and ZIP Code				3. Is This	New		Amended
Daytona Beach	FL 32117			Statement	x (N)	OR	(A)
4. Party Affiliation	5. Office Sought			ict of Candidate			
LIBERTARIAN	House		FL	06			
DE	SIGNATION OF PI	RINCIPAL	CAMPAIGN		ĒE		
7. I hereby designate the following nar	ned political committee as	my Principal (Campaign Comm		2020 ar of election	_ electic n)	on(s).
NOTE: This designation should be f	iled with the appropriate of	ffice listed in t	he instructions.				
(a) Name of Committee (in full)							
Sam Adams for Flor	ida District 6						
(b) Address (number and street) 259 Dahoon Holly Dr							
(c) City, State, and ZIP Code							
Daytona Beach			FL	32117			
 8. I hereby authorize the following name candidacy. NOTE: This designation should be four (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 	ned committee, which is No	OT my princip			e and exper	nd funds	on behalf of my
<i>I certify that I have exa</i> Signature of Candidate <i>Adams, Samuel, Everett, Mr.,</i>	mined this Statement and		my knowledge ar tronically Filed]	nd belief it is true, Date 04/09/2019	. correct an	d comple	ete.
NOTE: Submission of false, erroneous,	or incomplete information	may subject t	he person signin	g this Statement	to penalties	s of 2 U.S	S.C. §437g.