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PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Moates, Michael, , ,			2. Candidate's FEC Identification Number H0TX24134	
(b) Address (number and street) 1209 Shamrock Dr.		☐ Check if address changed		
(c) City, State, and ZIP Code Flower Mound TX 75028		3. Is This Statement ☐ New (N) OR ☒ Amended (A)		
4. Party Affiliation LIBERTARIAN	5. Office Sought House	6. State & District of Candidate TX 26		

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) MICHAEL MOATES FOR CONGRESS		
(b) Address (number and street) 1209 SHAMROCK DR.		
(c) City, State, and ZIP Code FLOWER MOUND TX 75028		

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 Moates, S, Steven, , [Electronically Filed]	Date 12/30/2019
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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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