

Image# 201811209133802237

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Neeld, Robert, M., , Jr.		2. Candidate's FEC Identification Number H4FL14091	
(b) Address (number and street) P. O. Box 101508		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Cape Coral FL 33910-1508		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 19	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) Robert Neeld for Congress	
(b) Address (number and street) P. O. Box 101508	
(c) City, State, and ZIP Code Cape Coral FL 33910-1508	

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 Neeld, Robert, M., , Jr. <i>[Electronically Filed]</i>	Date 11/20/2018
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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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