

Image# 201812139142300254

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WALTZ, MICHAEL, , ,			2. Candidate's FEC Identification Number H8FL06148	
(b) Address (number and street) 437 OCEAN GROVE CIRCLE		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ST AUGUSTINE FL 32080		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 06		

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 WALTZ FOR CONGRESS		
(b) Address (number and street) 437 OCEAN GROVE CIRCLE		
(c) City, State, and ZIP Code ST AUGUSTINE FL 32080		

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) WAR VETERANS FUND		
(b) Address (number and street) PO BOX 26141		
(c) City, State, and ZIP Code ALEXANDRIA VA 22313		

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 Waltz, Michael, , , <i>[Electronically Filed]</i>	Date 12/13/2018
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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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