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FEC FORM 2

STATEMENT OF CANDIDACY

1											
١.	(a) Name of Candidate (in full)										
	Boren, Benjamin, , ,					1					
	(b) Address (number and street) 17922 Ferry Rd.	☐ Check if address changed				Candidate's FEC Identification Number H0MI01245					
	(c) City, State, and ZIP Code					3. Is This	New		A	mended	
	Charlevoix		MI	4972	0	Statement	x (N)	OR	(<i>P</i>	١)	
4.	Party Affiliation	5. Office Soug	ght		6. State & Distr	rict of Candidate					
	LIBERTARIAN	House			MI	01					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full) BEN BOREN FOR CONGRESS										
	(b) Address (number and street) 17922 FERRY RD										
	(c) City, State, and ZIP Code										
	CHARLEVOIX				MI	49720					
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)											
8.	I hereby authorize the following nan candidacy.	ned committee	, which is NO	T my princip	al campaign com	nmittee, to receive	e and expend	funds o	n behali	of my	
	NOTE: This designation should be f	iled with the pr	incipal campa	ign committ	ee.						
	NOTE: This designation should be f (a) Name of Committee (in full)	iled with the pr	incipal campa	ign committ	ee.						
		iled with the pr	incipal campa	ign committ	ee.						
	(a) Name of Committee (in full)	iled with the pr	incipal campa	ign committ	ee.						
		iled with the pr	incipal campa	aign committ	ee. 						
	(a) Name of Committee (in full)	iled with the pr	incipal campa	ign committ	ee.						
	(a) Name of Committee (in full) (b) Address (number and street)	iled with the pr	incipal campa	ign committ	ee.						
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code										
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code						, correct and o	complete	g.		
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate					nd belief it is true	, correct and o	complete	э.		
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			the best of			, correct and (complete	э.		
Во	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate	mined this Sta	tement and to	the best of	my knowledge adtronically Filed]	Date 08/07/2020				g.	
Во	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the corent of t	mined this Sta	tement and to	the best of	my knowledge adtronically Filed]	Date 08/07/2020				g.	
Во	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the corent of t	mined this Sta	tement and to	the best of	my knowledge adtronically Filed]	Date 08/07/2020				g.	

FEC FORM 2 (REV. 02/2009)