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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Michael Timothey Neal						fination Number
	(b) Address (number and street) PO Box 882	☐ Check if address changed				Candidate's FEC Identification Number P60022662	
	(c) City, State, and ZIP Code					3. Is This New	
	Bolivar	MO 65613				Statement X (N)	OR (A)
4.	Party Affiliation	5. Office Sough Presidentia			6. State & Dist	rict of Candidate	
_	REPUBLICAN PARTY	Fresiderilli	al				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full)						
Vote for Michael Neal President in 2016							
	(b) Address (number and street) PO Box 882						
	(c) City, State, and ZIP Code						
	Balivar				MO	65613	
					_		
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)							
(b) Address (namber and street)							
(c) City, State, and ZIP Code							
(o) only, oldio, and Zii oodo							
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is true, correct ar	nd complete.
Signature of Candidate Date						Date	
M	lichael Timothey Neal			[Elec	tronically Filed]	08/15/2016	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.							
NOTE. Submission of false, enoneous, of incomplete information may subject the person signing this Statement to penalties of 2 0.5.0. §437g.							

FEC FORM 2 (REV. 02/2009)