## NONO: OH: OO: OM: OOMOTHAM

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED

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1. (a) Name of Candidate (in full)  Mi Chael Joseph Bluenling Jr.					
(b) Address (number and street)  305 NE 202 Ave. Suite # 99	2. FEC Candidate Identification Number.				
(c) City, State, and ZIP Code Delcay Beach FC 33444	3. Is This New Amended Statement (N) OR (A)				
4. Party Affiliation 5. Office Sought 6. State & Distriction U.S. House Florid	ict of Candidate  a District 21				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE					
7. I hereby designate the following named political committee as my Principal Campaign Comm  NOTE: This designation should be filed with the appropriate office listed in the instructions.	nittee for the <u>OOO</u> election(s). (year of election)				
(a) Name of Committee (in full)  Michael Bluemling Jr. Far Com  (b) Address (number and street)	gress				
305 NE and Ave. Site # 99					
(c) City, State, and ZIP Code  Delray Beach F2 33444					
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 ar	nd belief it is true, correct and complete.				
Signature of Candidate  Muffly  Management of Candidate	Date 14-2020				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing	ng this Statement to penalties of 52 U.S.C. §30109.				
9-00068	FEC FORM 2 (REV. 02/2009)				

FEC Form 2S (Revised 02/2017)

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## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	 of	

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.			
(a) Name of Committee (in full)	•		<u> </u>
		•	
(b) Address (number and street)		•	1
(c) City, State, and ZIP Code	the specific of the second	•	
	<b>v</b>		
I hereby authorize the following named committee, which is NOT my candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)	<del>-</del>	o receive and expend	funds on behalf of my
(a) Name of Commisco (in tall)	•		
(b) Address (number and street)	•	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(c) City, State, and ZIP Code			· · · · ·
		•	
I hereby authorize the following named committee, which is NOT my candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)		o receive and expend	funds on behalf of my
(b) Address (number and street)			
(c) City, State, and ZIP Code		e - par	•
I hereby authorize the following named committee, which is NOT my candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)		o receive and expend	funds on behalf of my
(b) Address (number and street)			
(c) City, State, and ZIP Code			

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Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  The FEC added this page to the end of this filing to indicate how it was received.			
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PREPARER (3/2015)	DATE PREPARED		
(3/2013)			