## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1. (a) Name of Candidate (in full) SPECIALE, MICHAEL, DAVID	MP							
(b) Address (number and street) Check if address changed 803 STATELY PINES ROAD				2. Candidate's FEC Identification Number H0NC03156				
(c) City, State, and ZIP Code						lew	Am	ended
NEW BERN	NC 28560			Statem		N) OR	(A)	
4. Party Affiliation	5. Office Sought		6. State & Dist	rict of Candic	late			
REPUBLICAN PARTY	House		NC	03				
DE	SIGNATION OF PRI	NCIPAL	CAMPAIGN		TTEE			
7. I hereby designate the following nar	med political committee as my	/ Principal C	ampaign Comn	nittee for the	2019 (year of ele	electic	on(s).	
NOTE: This designation should be f	iled with the appropriate office	e listed in th	e instructions.					
(a) Name of Committee (in full) SPECIALE FOR CC	ONGRESS							
(b) Address (number and street) 803 STATELY PINES ROAD								
(c) City, State, and ZIP Code								
NEW BERN			NC	28560	)			
<ul> <li>8. I hereby authorize the following nan candidacy.</li> <li>NOTE: This designation should be formation (a) Name of Committee (in full)</li> </ul>		my principa	I campaign con		eceive and e	xpend funds	on behalf o	of my
(b) Address (number and street) (c) City, State, and ZIP Code								
`	mined this Statement and to t	the best of r	ny knowledge a	nd belief it is	true, correc	t and comple	ete.	
Signature of Candidate				Date	Date			
SPECIALE, MICHAEL, DAVID, MR.,	[Elect	ronically Filed]	02/22/2019					
NOTE: Submission of false, erroneous	, or incomplete information ma	ay subject th	ne person signin	ng this Stater	nent to pena	lties of 2 U.S	S.C. §437g.	
						 FEC	CFORM 2 (RE	V. 02/2009

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F2N Transaction ID :

2019 Special Election.

Form/Schedule: Transaction ID: