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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Smith, Michael, William, ,		2. Candidate's FEC Identification Number H8ID01108
(b) Address (number and street) <input type="checkbox"/> Check if address changed 3452 N McMullen Drive		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Post Falls ID 83854		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate ID 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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 Smith for Idaho	
(b) Address (number and street) P.O. Box 3345	
(c) City, State, and ZIP Code Post Falls ID 83877	

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 and belief it is true, correct and complete.

Signature of Candidate Smith, Michael, William, , <i>[Electronically Filed]</i>	Date 03/20/2017
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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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