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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Snyder, Michael, , ,		
(b) Address (number and street) 59 Cedar Rd.		☐ Check if address changed
(c) City, State, and ZIP Code East Northport NY 11731		2. Candidate's FEC Identification Number P40018830
4. Party Affiliation Rep		5. Office Sought Presidential
6. State & District of Candidate 00		3. Is This Statement ☒ New (N) OR ☐ Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Committee of Michael Thomas Snyder for President		
(b) Address (number and street) 59 Cedar Rd.		
(c) City, State, and ZIP Code East Northport NY 11731		

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 Snyder, Michael, Thomas, ,	Date 01/19/2024
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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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