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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Owens, Michael, , Dr,

(b) Address (number and street) ☐ Check if address changed
5711 Vinings Place Dr SE

2. Candidate's FEC Identification Number
H0GA13115

(c) City, State, and ZIP Code
Mableton GA 30126

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
DEMOCRATIC PARTY	House	GA 13

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
OWENS FOR CONGRESS

(b) Address (number and street)
1400 VETERANS MEMORIAL DR SE
SUITE 134-439

(c) City, State, and ZIP Code
MABLETON GA 30126

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	Date
Owens, Michael, Claude, Dr., ***[Electronically Filed]***	06/30/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.