

Image# 202001279167388533

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SINGH, BISHAM, , DR.,		2. Candidate's FEC Identification Number HOMI10303	
(b) Address (number and street) <input type="checkbox"/> Check if address changed 49460 COMPASS POINT DRIVE			
(c) City, State, and ZIP Code CHESTERFIELD MI 48047		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MI 10	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) DR. BISHAM SINGH FOR CONGRESS	
(b) Address (number and street) 51086 FAIRCHILD ROAD SUITE D	
(c) City, State, and ZIP Code CHESTERFIELD MI 48047	

### 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 SINGH, BISHAM, , DR.,  <i>[Electronically Filed]</i>	Date 01/27/2020
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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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