

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
 SECRETARY OF THE SENATE
 PUBLIC RECORDS
 2017 OCT 23 AM 9:26

1. (a) Name of Candidate (in full) <u>BRIAN JAMES ELLISON</u>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>26029 DELTON STREET</u>		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <u>MADISON HEIGHTS, MI 48071</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <u>LIBERTARIAN</u>	5. Office Sought <u>US SENATOR</u>	6. State & District of Candidate <u>MICHIGAN</u>

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) <u>COMMITTEE TO ELECT BRIAN ELLISON</u>
(b) Address (number and street) <u>26029 DELTON STREET</u>
(c) City, State, and ZIP Code <u>MADISON HEIGHTS, MI 48071</u>

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.

N/A

(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 <u>10/12/2017</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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(Including Joint Fundraising Representatives)

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(b) Address (number and street)

(c) City, State, and ZIP Code

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

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USPS PRIORITY MAIL 10-18-17
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

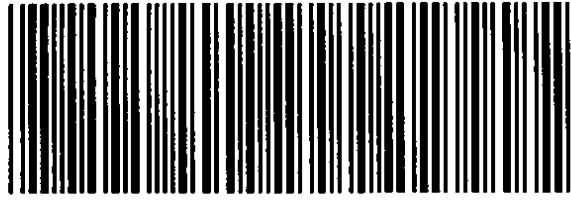
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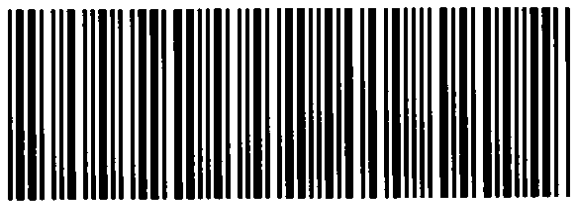
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-23-17

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