

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) MICHAEL M ANDERSON			2. FEC Candidate Identification Number		
(b) Address (number and street) 433 16TH ST. NE. APT 316			☐ Check if address changed		
(c) City, State, and ZIP Code OWATONNA, MN 55060			3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation		5. Office Sought		6. State & District of Candidate MINNESOTA	

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) MICHAEL M ANDERSON FOR PRESIDENT	
(b) Address (number and street) 433 16TH ST. NE. APT 316	
(c) City, State, and ZIP Code OWATONNA, MN 55060	

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 Michael M Anderson	Date 6/20/2021
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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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2021-07-14 PM 00:07:09

Michael Anderson
433 167th St. NE Apt 316
Ovabonna, MN 55060

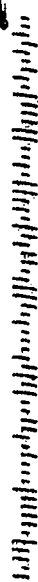
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