

FEC FORM 2
STATEMENT OF CANDIDACY

FEDERAL
ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

HAND DELIVERED

1. (a) Name of Candidate (in full) **Michael T. KROVE PEARSON**
 (b) Address (number and street) Check if address changed **36 WEST 25TH ST**
 (c) City, State, and ZIP Code **Baltimore MD 21219**
 2. FEC Candidate Identification Number **C44M01006066**
 3. Is This Statement New (N) OR Amended (A)
 4. Party Affiliation **REPUBLICAN** 5. Office Sought **House Rep** 6. State & District of Candidate **7 CONGRESSIONAL DISTRICT**

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) **PEOPLE FOR PEARSON INC**
 (b) Address (number and street) **36 WEST 25TH STREET**
 (c) City, State, and ZIP Code **Baltimore MARYLAND 21219**

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) **PEOPLE FOR PEARSON INC / 41 Central Committee**
 (b) Address (number and street) **36 WEST 25TH STREET**
 (c) City, State, and ZIP Code **Baltimore MARYLAND 21218**

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 T. Pearson** Date **5/3/16**

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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20160503 10:00 AM

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5/3/16
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


5/3/16
 PREPARER DATE PREPARED

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