FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|----------------------------|---------------|---------------|-------------------|---|----------------|-----------------|----------|------------------|--|
| | Amash, Justin, , , | | | | | | | | | | |
| | (b) Address (number and street) 1500 E Beltline Ave SE Ste 250 | □ Check if address changed | | | | 2. Candidate's FEC Identification Number H0MI03126 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is Thi | s N | lew | | Amended | |
| | Grand Rapids | MI 49506-4360 | | | | Stater | ment (| N) OR | × | (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 6. State & Dist | rict of Candi | date | | | | |
| | INDEPENDENT | House | | | MI | 03 | | | | | |
| | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIGI | | ITTEE | | | | |
| 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) JUSTIN AMASH FOR CONGRESS | | | | | | | | | | |
| | (b) Address (number and street) 1500 E Beltline Ave SE Ste 250 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Grand Rapids | | | | MI | 49506 | 6-4360 | | | | |
| | | | | | | | | | | | |
| 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 exa | mined this Stat | ement and to | the best of | my knowledge a | and belief it is | s true, correc | t and comple | ete. | | |
| Si | gnature of Candidate | | | | | Date | | | | • | |
| Ai | mash, Justin, , , | | | [Elect | tronically Filed] | 07/13/20 |)19 | | | | |
| N | OTE: Submission of false, erroneous | , or incomplete | information n | nay subject t | he person signii | ng this State | ment to pena | alties of 2 U.S | 3.C. §4: | 37g. | |
| | | | | | | | | | | | |
| | | | | | | | | FE0 | CFORM | 2 (REV. 02/2009) | |