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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Floyd, Michael, , ,		
(b) Address (number and street) 1143 se 3rd st		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code crystal river		2. Candidate's FEC Identification Number P40005993
4. Party Affiliation OTHER		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought Presidential	6. State & District of Candidate FL 34429	00

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 Floyd for President

(b) Address (number and street)
1143 se 3rd st

(c) City, State, and ZIP Code

crystal river FL 34429

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

Floyd, Michael, W. ,

Date

[Electronically Filed]

04/21/2021

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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