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FEC FORM 2

STATEMENT OF CANDIDACY

1.													
	(a) Name of Candidate (in full)												
	FAHL, MICHAEL, TRAVIS, ,						1 ".						
	(b) Address (number and street) 1601 W. 400 S. #96		Check if ad		Candidate's FEC Identification Number P60015526								
	(c) City, State, and ZIP Code						3. Is This	5 N	New			Amended	
	SALT LAKE CITY			UT	84104	4	Staten	nent ((N)	OR	×	(A)	
4.	Party Affiliation	5. Office Sou	ght			6. State & Dist	rict of Candid	date					
	OTHER	President	tial				00						
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE												
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)												
	NOTE: This designation should be filed with the appropriate office listed in the instructions.												
	(a) Name of Committee (in full) CAMPAIGN TO ELECT MIKE FAHL												
	(b) Address (number and street) 1601 W 400 S APT 96												
	(c) City, State, and ZIP Code												
	SALT LAKE CITY					UT	84104	1					
	DE				_	ΓHORIZED g Representative		TEES					
							•						
8.	I hereby authorize the following name candidacy.	ned committee	, which is	NOT my	/ principa	al campaign con	nmittee, to re	eceive and e	expend	funds	on bel	nalf of my	
	NOTE: This designation should be f	iled with the pr	incipal car	mpaign	committe	ee.							
	NOTE: This designation should be f (a) Name of Committee (in full) FAHL SAFE POLIT												
	(a) Name of Committee (in full)												
	(a) Name of Committee (in full)												
	(a) Name of Committee (in full) FAHL SAFE POLIT (b) Address (number and street)												
	(a) Name of Committee (in full) FAHL SAFE POLIT (b) Address (number and street) 1601 w. 400 s. #96						84104						
	(a) Name of Committee (in full) FAHL SAFE POLIT (b) Address (number and street) 1601 w. 400 s. #96 (c) City, State, and ZIP Code	ICAL AC	ΓΙΟΝ C	COM	MITTE	EE LLC			ct and o	comple	ete.		
Sig	(a) Name of Committee (in full) FAHL SAFE POLIT (b) Address (number and street) 1601 w. 400 s. #96 (c) City, State, and ZIP Code Salt Lake City	ICAL AC	ΓΙΟΝ C	COM	MITTE	EE LLC			ct and (comple	ete.		
	(a) Name of Committee (in full) FAHL SAFE POLIT (b) Address (number and street) 1601 w. 400 s. #96 (c) City, State, and ZIP Code Salt Lake City I certify that I have example of the state of the sta	ICAL AC	ΓΙΟΝ C	COM	MITTE	EE LLC	nd belief it is	s true, correc	ct and (comple	ete.		
FA	(a) Name of Committee (in full) FAHL SAFE POLIT (b) Address (number and street) 1601 w. 400 s. #96 (c) City, State, and ZIP Code Salt Lake City I certify that I have example of Candidate	MICAL AC	ΓΙΟΝ (COMI d to the	best of I	UT my knowledge a ronically Filed]	Date 07/26/20	true, correc				37g.	
FA	(a) Name of Committee (in full) FAHL SAFE POLIT (b) Address (number and street) 1601 w. 400 s. #96 (c) City, State, and ZIP Code Salt Lake City I certify that I have exa gnature of Candidate AHL, MICHAEL, TRAVIS, , MR.	MICAL AC	ΓΙΟΝ (COMI d to the	best of I	UT my knowledge a ronically Filed]	Date 07/26/20	true, correc				37g.	

FEC FORM 2 (REV. 02/2009)