

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Michael DeName U.S. President		2. FEC Candidate Identification Number 0-9-11229
(b) Address (number and street) <input type="checkbox"/> Check if address changed 1870 Madison Place Bklyn N.Y. 11229		3. Is This Statement <input checked="" type="checkbox"/> ^{New} (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code		
4. Party Affiliation	5. Office Sought	6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

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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 DeName	Date 8/12/2020
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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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NON-FEDERAL CAMPAIGN FINANCIAL DISCLOSURE

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

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UNION BUREAU OF LABORERS

Federal Election Commission		
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<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
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		8/30/23
PREPARER		DATE PREPARED

(4/2023)