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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Colombe, Michael, Christopher, Mr,							
	(b) Address (number and street) ☐ Check if address chape PO Box 101					Candidate's FEC Identification Number H2CO05190		
	(c) City, State, and ZIP Code						ew Amended	
	Ramah		C	S808 C		Statement (N	I) OR (A)	
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug House			6. State & Dist	rict of Candidate 05		
	DEMOCRATIC PARTY	110056			- 00			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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 COLOMBE FOR CONGRESS								
	(b) Address (number and street) 200 2ND ST							
	(c) City, State, and ZIP Code							
	RAMAH				СО	80832		
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						Date		
C	olombe, Michael, Christopher, Mr,	[Electronically Filed]			tronically Filed]	10/14/2021		
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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FEC FORM 2 (REV. 02/2009)