## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1. (a) Name of Candidate (in full)   |                               |                 |                  |   |               |              |            |                    |
|--|-------------------------------|-----------------|------------------|---|---------------|--------------|------------|--------------------|
| Levin, Andy, , ,   |                               |                 |                  |   |               |              |            |                    |
| (b) Address (number and street) □ Check if address changed<br>PO Box 380381  |                               |                 |                  | 2. Candidate's FEC Identification Number<br>H8MI09118 |               |              |            |                    |
| (c) City, State, and ZIP Code  |                               |                 |                  | 3. Is This  | S             | New          |            | Amended            |
| Clinton Township   |                               |                 |                  |   | nent X        | (N) <b>(</b> | DR         | (A)                |
| 4. Party Affiliation   | 5. Office Sought              |                 | 6. State & Distr | rict of Candie  | date          |              |            |                    |
| DEMOCRATIC PARTY   | House                         |                 | MI               | 09  |               |              |            |                    |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |                               |                 |                  |   |               |              |            |                    |
| <ol> <li>I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2022</u> election(s).</li> <li>(year of election)</li> </ol>   |                               |                 |                  |   |               |              |            |                    |
| NOTE: This designation should be f   | led with the appropriate offi | ce listed in th | ne instructions. |   |               |              |            |                    |
| (a) Name of Committee (in full)  |                               |                 |                  |   |               |              |            |                    |
| Andy Levin for Cong  | ress                          |                 |                  |   |               |              |            |                    |
| (b) Address (number and street)<br>PO Box 380381   |                               |                 |                  |   |               |              |            |                    |
| (c) City, State, and ZIP Code  |                               |                 |                  |   |               |              |            |                    |
| Clinton Township   |                               |                 | MI               | 48038   | 3             |              |            |                    |
| <ol> <li>I hereby authorize the following name candidacy.</li> <li>NOTE: This designation should be formula to the standard standa</li></ol> |                               |                 |                  | nmittee, to re  | eceive and    | expend fu    | unds on b  | ehalf of my        |
| (a) Name of Committee (in full)  |                               |                 |                  |   |               |              |            |                    |
| Andy Levin Victory I   | Fund                          |                 |                  |   |               |              |            |                    |
| (b) Address (number and street)<br>910 17th St NW  |                               |                 |                  |   |               |              |            |                    |
| Ste 925  |                               |                 |                  |   |               |              |            |                    |
| (c) City, State, and ZIP Code  |                               |                 |                  |   |               |              |            |                    |
| Washington   |                               |                 | DC               | 20006   | ;             |              |            |                    |
| I certify that I have exa  | mined this Statement and to   | the best of     | my knowledge a   | nd belief it is                                       | s true, corre | ect and co   | omplete.   |                    |
| Signature of Candidate   |                               |                 |                  | Date  |               |              |            |                    |
| Levin, Andy, , , [Electronically Filed]  |                               |                 |                  | 01/14/20  | 121           |              |            |                    |
|  |                               | [Eleci          | ronically Fileaj | 01/11/20  | - 1           |              |            |                    |
| NOTE: Submission of false, erroneous,  | or incomplete information r   | nay subject t   | he person signin | ng this Stater  | ment to pe    | nalties of   | 2 U.S.C. § | 437g.              |
|  |                               |                 |                  |   |               |              |            |                    |
|  |                               |                 |                  |   |               |              |            |                    |
|  |                               |                 |                  |   |               |              |            | M 2 (REV. 02/2009) |