

Michael J. Dreikorn, Ed.D

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Bokeelia, FL 33922

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January 29, 2014

Federal Election
Commission, 999 E Street, NW, Washington,
DC. 20463

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Ref: Candidacy of Dr. Michael J. Dreikorn, for District 19, U.S. Congress

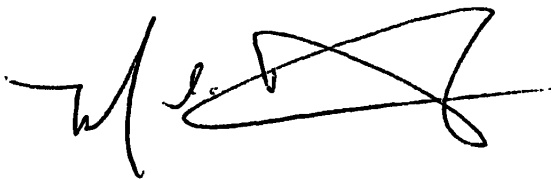
Dear Florida Division of Elections:

My name is **Dr. Michael J. Dreikorn** and I am submitting FEC Forms 1 and 2 as a candidate to the **U.S. House of Representatives for Florida's Congressional District 19**.

I have also filed the requisite Statement of Candidate, Federal Candidate Oath – Candidate with Party Affiliate; and Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates to the Florida Department of Elections. Additionally, requisite filings have been made with the Internal Revenue Service.

Please feel free to contact me with questions or comments.

Best Regards,



Michael Dreikorn, Ed.D.

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) Michael John Dreikorn		2. Candidate's FEC Identification Number	
(b) Address (number and street) P.O. Box 654		☐ Check if address changed	
(c) City, State, and ZIP Code Bokeelia, FL 33922		3. Is This Statement ☒ New (N) OR ☐ Amended (A)	
4. Party Affiliation Republican	5. Office Sought House of Rep.	6. State & District of Candidate Florida CD-19	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) Dreikorn for Congress
(b) Address (number and street) P.O. Box 654
(c) City, State, and ZIP Code Bokeelia, FL 33922

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

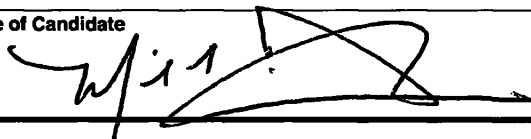
(Including Joint Fundraising Representatives)

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 January 29, 2014
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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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Bokeelia, FL 33922

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