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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Arth, Michael, E., ,					0.0 11			
	(b) Address (number and street) 302 S. Hayden Avenue	☐ Check if address changed				Candidate's FEC Identification Number P00008235			
	(c) City, State, and ZIP Code						lew	Amended	
	DeLand		FL	_ 3272		· ·	N) OR	(A)	
4.	Party Affiliation	5. Office Soug			6. State & Dist	rict of Candidate			
	DEMOCRATIC PARTY	President	aı			00			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N 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) MICHAEL E. ARTH FOR PRESIDENT								
	(b) Address (number and street) 302 S. HAYDEN AVE								
-	(c) City, State, and ZIP Code								
	DELAND				FL	32724			
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.				, 0		•	ŕ	
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								
	·	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	t and comple	te.	
	gnature of Candidate					Date			
Ai	rth, Michael, E., ,			[Elec	tronically Filed]	09/04/2018			
N	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)