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F E C F O R M 2

S T A T E M E N T O F C A N D I D A C Y

1. (a) Name of Candidate (in full) Peter Hoekstra		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 190 Monroe Avenue NW, Suite 300		2. Identification Number
(c) City, State, and ZIP Code Grand Rapids, MI 49503		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Republican	5. Office Sought Senate	6. State & District of Candidate Michigan

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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) Hoekstra for Senate
(b) Address (number and street) 190 Monroe Avenue NW, Suite 300
(c) City, State, and ZIP Code Grand Rapids, MI 49503

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

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 7-21-11
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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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United States Senate

OFFICE OF THE SECRETARY

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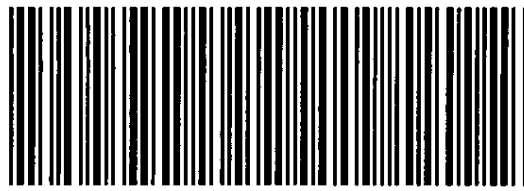
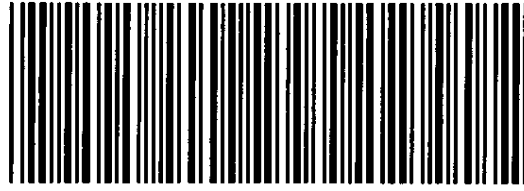
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