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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|--|---------------|-------------------|-------------------|------------------|---|--------------|-----------|---------|--|
| | Brook, Martin, , , | | | | | | | | | | |
| | (b) Address (number and street) 2211 S. Telegraph Rd. P.O. Box 7317 | ddress (number and street) □ Check if address changed 211 S. Telegraph Rd. 2.O. Box 7317 | | | | | Candidate's FEC Identification Number H8MI09100 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | ew | A | mended | |
| | Bloomfield Hills | | M | 4830 | 2 | Statem | ent X (N |) OR | (A | A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 6. State & Dist | rict of Candid | late | | | | |
| | DEMOCRATIC PARTY | House | | | MI | 09 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | Brook for Congress | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | |
| | 2211 S. Telegraph Rd. | | | | | | | | | | |
| | P.O. Box 7317 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Bloomfield Hills | | | | MI | 48302 | | | | | |
| | | | | | | | | | | | |
| | DE | SIGNATIO | N OF OT | HER AU | THORIZED | COMMIT | TEES | | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | | |
| 8. | I hereby authorize the following nan candidacy. | ned committee, | which is NO | T my princip | al campaign cor | mmittee, to red | ceive and exp | pend funds | on behalf | f of my | |
| | NOTE: This designation should be f | iled with the pri | ncipal campa | aign committ | ee. | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | | | |
| | (-, | | | | | | | | | | |
| | | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | |
| | | | | | | | | | | | |
| | (a) City State and ZID Code | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | I certify that I have exa | mined this State | ement and to | the best of | my knowledge a | and belief it is | true, correct | and comp | lete. | | |
| Signature of Candidate | | | | | | Date | | | | | |
| Brook, Martin, , , [Electronically 1 | | | | tronically Filed! | 12/04/2017 | | | | | | |
| | | | | LEEC | ironicuity Piteuj | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| N | OTE: Submission of false, erroneous | , or incomplete | information n | nay subject | the person signi | ng this Statem | nent to penal | ties of 2 U. | S.C. §437 | g. | |
| NO | OTE: Submission of false, erroneous | , or incomplete | information n | nay subject | the person signii | ng this Statem | nent to penal | ties of 2 U. | S.C. §437 | g. | |
| NO | OTE: Submission of false, erroneous | , or incomplete | information n | nay subject | the person signii | ng this Statem | nent to penal | ties of 2 U. | S.C. §437 | g. | |
| NO | OTE: Submission of false, erroneous | , or incomplete | information n | nay subject | the person signi | ng this Statem | nent to penal | ties of 2 U. | S.C. §437 | g. | |

FEC FORM 2 (REV. 02/2009)