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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) MEIJER, PETER, , MR.,									
	(b) Address (number and street) P.O. BOX 68554	☐ Check if address changed			2. Candidate's FEC Identification Number					
	(c) City, State, and ZIP Code					H0MI03308 3. Is This N	lew	Amended		
	GRAND RAPIDS		МІ	4951	6		N) OR	(A)		
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate				
	REPUBLICAN PARTY	House			MI	03				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be f	iled with the ap	propriate office	ce listed in t	he instructions.					
	(a) Name of Committee (in full) PETER MEIJER FOR CONGRESS									
	(b) Address (number and street) P.O. BOX 68554									
	(c) City, State, and ZIP Code									
	GRAND RAPIDS				MI	49516				
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)									
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	Γ my princip	al campaign com	nmittee, to receive and ex	opend funds	on behalf of my		
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign committ	ee.					
	(a) Name of Committee (in full) WESTERN MICHIGAN VICTORY FUND									
	(b) Address (number and street) 228 S. WASHINGTON STREE	T								
	SUITE 115									
	(c) City, State, and ZIP Code									
	ALEXANDRIA				VA	22314				
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										
M	EIJER, PETER, , MR.,			[Elec	tronically Filed]	01/20/2021				
N	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
						1				

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Representatives)								
3.	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)								
	TAKE BACK THE HOUSE 2022								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA MD 20824-0844								
3.	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)								
	() 0" , 0 to be and 7 in 0 or be								
	(c) City, State, and ZIP Code								
3.	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								
3.	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								