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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) BOUCHARD, MICHAEL, , ,			2. Candidate's FEC Identification Number H6MI10359	
(b) Address (number and street) 1950 S ROCHESTER HILLS RD NUM 1173		☐ Check if address changed		
(c) City, State, and ZIP Code ROCHESTER HILLS MI 48307		3. Is This Statement ☐ New (N) OR ☒ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MI 10		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) FRIENDS OF MICHAEL BOUCHARD INC		
(b) Address (number and street) 1950 S ROCHESTER RD NUM 1173		
(c) City, State, and ZIP Code ROCHESTER HILLS MI 48307		

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) MAGA MAJORITY FUND		
(b) Address (number and street) 228 S WASHINGTON ST STE 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 BOUCHARD, MICHAEL, , ,	Date 08/20/2026
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

MI-10 REPUBLICAN NOMINEE FUND 2026

(b) Address (number and street)

421 OFFICE PARK DR

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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)

FRIENDS OF MICHAEL BOUCHARD INC-GTM NOMINEE FUND: MI-10

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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

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