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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Samuel, Bensson, V, Dr,			2. Candidate's FEC Identification Number S4MI00611		
(b) Address (number and street) 16540 S Scenic Drive			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Barbeau MI 49710			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate		6. State & District of Candidate MI 00	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) SAMUELSON SENATE COMMITTEE		
(b) Address (number and street) 545 ASHMUN STREET SUITE 5		
(c) City, State, and ZIP Code SAULT SAINTE MARIE MI 49783		

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		

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 Samuel, Bensson, V, Dr,	Date 11/07/2023
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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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