

# 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		□ Check if address changed	
(c) City, State, and ZIP Code Barbeau		MI	49710
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate	
6. State & District of Candidate MI 00		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> OR <input checked="" type="checkbox"/> Amended (A)	

## 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.*

<b>Signature of Candidate</b> <i>Samuel, Bensson, V, Dr,</i>	<b>Date</b> 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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