

Image# 202405219648685303

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Marsh, Douglas, Philip, ,			2. Candidate's FEC Identification Number S4MI00512	
(b) Address (number and street) 6195 Hollyberry Ln		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Williamsburg MI 49690		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation GREEN 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) COMMITTEE TO ELECT DOUGLAS P. MARSH		
(b) Address (number and street) 309 W RIPLEY ST		
(c) City, State, and ZIP Code WEST BRANCH MI 48661		

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 Marsh, Douglas, Philip, ,	Date 05/21/2024
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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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Form/Schedule: F2A
Transaction ID :

Please let this amendment filing serve as response to FEC notice RQ-1, received May 19, 2024, indicating failure to submit timely FEC Form 1. I submitted FEC Form 2 long before establishing my campaign committee and submitting FEC Form 1. I am new to these processes. -DPM

Form/Schedule:
Transaction ID: