

FEC FORM 2
STATEMENT OF CANDIDACY

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2007 OCT 15 AM 9:14

1. (a) Name of Candidate (in full) Scott Michael Killips		2. Identification Number
(b) Address (number and street) P.O. Box 755 ☐ Check if address changed		
(c) City, State, and ZIP Code Manistee MI 49660		3. Is This Statement ☒ New (N) OR ☐ Amended (A)
4. Party Affiliation Democratic	5. Office Sought House	6. State & District of Candidate MI District 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2008** 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 Killips for Congress
(b) Address (number and street) 411 5th St
(c) City, State, and ZIP Code Manistee MI 49660

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

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A 000,600.00.00 for the primary election, and
9B 000,600.00.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

10-9-07

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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Federal Election Commission
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PREPARER
(3/2005)

10/15/07
DATE PREPARED

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