Image# 202510289792038532 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                            |    |      |                |   |  |
|---|---|----------------------------|----|------|----------------|---|--|
|   | Noack, Michael, Scott, ,  |                            |    |      |                |   |  |
|   | (b) Address (number and street)<br>2138 N. 7000W Rd<br>P.O. Box 97  | ☐ Check if address changed |    |      |                | Candidate's FEC Identification Number     H6IL02389 |  |
|   | (c) City, State, and ZIP Code   |                            |    |      |                | 3. Is This New Amended                              |  |
|   | Bonfield  |                            | IL | 6091 | 3              | Statement (N) OR (A)                                |  |
| 4.  | Party Affiliation   | 5. Office Sought           |    |      | 6. State & Dis | trict of Candidate                                  |  |
|   | REPUBLICAN PARTY  | House                      |    |      | IL             | 02  |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                            |    |      |                |   |  |
| 7.  | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) |                            |    |      |                |   |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                  |                            |    |      |                |   |  |
|   | (a) Name of Committee (in full)   |                            |    |      |                |   |  |
| THE COMMITEE TO ELECT MIKE NOACK FOR CONGRESS   |   |                            |    |      |                |   |  |
|   | (b) Address (number and street)   |                            |    |      |                |   |  |
|   | P.O. BOX 97   |                            |    |      |                |   |  |
|   | (c) City, State, and ZIP Code   |                            |    |      |                |   |  |
|   | BONFIELD  |                            |    |      | IL             | 60913   |  |
|   |   |                            |    |      |                |   |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. Legeby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on helalf of my |   |                            |    |      |                |   |  |
| 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  |   |                            |    |      | Date           |   |  |
| Ν   | Noack, Michael, Scott, ,  |                            |    |      |                | 10/28/2025  |  |
|   |   |                            |    |      |                |   |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |   |                            |    |      |                |   |  |
|   |   |                            |    |      |                |   |  |
|   |   |                            |    |      |                |   |  |
|   |   |                            |    |      |                |   |  |

FEC FORM 2 (REV. 02/2009)