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PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ROGERS, MICHAEL, J, ,		
(b) Address (number and street) PO BOX 132		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code SAINT JOSEPH MI 49085-0132		2. Candidate's FEC Identification Number S4MI00595
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) 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 2026 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) ROGERS FOR SENATE		
(b) Address (number and street) PO BOX 132		
(c) City, State, and ZIP Code SAINT JOSEPH MI 49085		

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) KEEP THE SENATE		
(b) Address (number and street) 421 OFFICE PARK DR		
(c) City, State, and ZIP Code MOUNTAIN BROOK AL 35223		

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 ROGERS, MICHAEL, J, ,	Date 02/05/2026
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 3

FEC Form 2S (Revised 02/2017)

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)

TEAM ROGERS

(b) Address (number and street)

PO BOX 291

(c) City, State, and ZIP Code

ST. JOSEPH

MI

49085

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)

ONE TEAM SENATE MAJORITY

(b) Address (number and street)

421 OFFICE PARK DRIVE

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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)

TEAM MORENO

(b) Address (number and street)

P.O. BOX 340797

(c) City, State, and ZIP Code

COLUMBUS

OH

43234

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)

AMERICA IS BACK

(b) Address (number and street)

425 2ND ST NE

(c) City, State, and ZIP Code

WASHINGTON

DC

20002

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 3 of 3

FEC Form 2S (Revised 02/2017)

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)

NORTH CAROLINA AND MICHIGAN SENATE FUND

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

STRENGTHEN OUR MAJORITY

(b) Address (number and street)

421 OFFICE PARK DRIVE

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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

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