FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. | (a) Name of Candidate (in full) HOOPER, JAMES, D, , | | | | | | | | | |
|---|---|----------------------------|-------------|-------------|----------------------|--|----------|------|------------------|--|
| | (b) Address (number and street) PO BOX 531505 | □ Check if address changed | | | | 2. Candidate's FEC Identification Number | | | | |
| | (c) City, State, and ZIP Code | | | | | H2MI12198 3. Is This New | | _ | Amended | |
| | Livonia | MI 48153 | | | 3 | Statement (N) | OR | × | (A) | |
| 4. | Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | | | 6. State & Dis MI | strict of Candidate 12 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 7. | (year of election) | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) | | | | | | | | | |
| | JAMES HOOPER FOR CONGRESS | | | | | | | | | |
| | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | PO BOX 531505 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | LIVONIA | | | | MI | 48153 | | | | |
| | | | | | | | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES | | | | | | | | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | |
| 8. | 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 exa | mined this Staten | nent and to | the best of | my knowledge | and belief it is true, correct and | d comple | ete. | | |
| Si | gnature of Candidate | Date | | | | | | | | |
| Η | looper, James, D, , | 04/22/2024 | | | | | | | | |
| | | | | | | | | | | |
| 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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| | | | | | | | FEC | FORM | 2 (REV. 02/2009) | |
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