

Image# 202407099652734570

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Rogers, Michael, J, ,			2. Candidate's FEC Identification Number S4MI00595	
(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		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN 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) Rogers for Senate		
(b) Address (number and street) PO Box 132		
(c) City, State, and ZIP Code Saint Joseph MI 49085-0132		

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) Mike Rogers Victory Committee		
(b) Address (number and street) PO Box 132		
(c) City, State, and ZIP Code Saint Joseph MI 49085		

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 07/09/2024
-------------------------------------------------	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2A

Transaction ID :

Form/Schedule:

Transaction ID:

Optional Supplemental Page for Designation
of Additional Authorized Committees

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)

Cornyn Victory Committee

(b) Address (number and street)

PO Box 13026

(c) City, State, and ZIP Code

Austin

TX

78711-3026

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)

2024 Senators Classic JFC

(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)

Integrity Tour 2024

(b) Address (number and street)

9460 Tegner Rd

(c) City, State, and ZIP Code

Hilmar

CA

95324-9320

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)

2024 Thune Republican Senate Victory

(b) Address (number and street)

225 S Washington St
Ste 115

(c) City, State, and ZIP Code

Alexandria

VA

22314-3625

Optional Supplemental Page for Designation
of Additional Authorized Committees

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)

Senate Path to Victory 2024

(b) Address (number and street)

421 Office Park Dr

(c) City, State, and ZIP Code

Mountain Brk

AL

35223-2411

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)

Brown/Rogers Victory Fund

(b) Address (number and street)

3275 NORTH FORT APACHE ROAD 150

(c) City, State, and ZIP Code

Las Vegas

NV

89129

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)

Reclaim The Majority

(b) Address (number and street)

421 Office Park Dr

(c) City, State, and ZIP Code

Mountain Brk

AL

35223-2411

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