PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| 4 () 11 | (0 11: " (1) | | | | | | | | | |
|---|---|-----------------------|----------------------------|--------------|------------------|----------------|--|---------------|-----------------|--|
| | ne of Candidate (in full) | | | | | | | | | |
| | over, Alan, Thomas, , ress (number and street) | | ok if addrass | changed | | 2 Candida | to's EEC Ide | atification N | lumbor | |
| | Groveland Road | □ Crie | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number H0MI08166 | | | |
| (c) City, | State, and ZIP Code | | | | | 3. Is This | | ew | Amended | |
| Ort | tonville | | MI | 48462 | 2 | Staten | nent X (N | l) OR | (A) | |
| 4. Party A | ffiliation | 5. Office Sought | | | 6. State & Dist | rict of Candid | date | | | |
| REPU | BLICAN PARTY | House | | | MI | 80 | | | | |
| | D | ESIGNATION | OF PRIN | CIPAL | CAMPAIGI | N COMM | ITTEE | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s). (year of election) | | | | | | | | | | |
| | This designation should be | filed with the appro | priate office | listed in th | e instructions. | | | | | |
| ` , | ne of Committee (in full) LECT ALAN HOC | OVER TO DIS | STRICT | 8 | | | | | | |
| | ress (number and street) GROVELAND RD | | | | | | | | | |
| (c) City, | State, and ZIP Code | | | | | | | | | |
| 0 | RTONVILLE | | | | MI | 48462 | 2 | | | |
| | | | | | | | | | | |
| | D | ESIGNATION | OF OTHE | R AUT | HORIZED | COMMIT | TFFS | | | |
| | J | | | _ | g Representativ | | LLO | | | |
| 8. I hereby candida | y authorize the following na | med committee, wh | nich is NOT n | ny principa | al campaign cor | mmittee, to re | eceive and ex | pend funds | on behalf of my | |
| NOTE: | This designation should be | filed with the princi | pal campaigr | committe | e. | | | | | |
| (a) Nam | ne of Committee (in full) | | | | | | | | | |
| | | | | | | | | | | |
| (h) Add | ress (number and street) | | | | | | | | | |
| (b) Add | ress (number and street) | | | | | | | | | |
| | | | | | | | | | | |
| (c) City, | State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | | 1-4- | |
| | I certify that I have ex | ramined this Statem | ent and to th | e dest of i | ту кпоміеаде г | | s true, correct | ana comp | ete. | |
| Signature of Candidate | | | | | Date | | | | | |
| Hoover, Al | lan, Thomas, , | | [Electronically Filed] | | | 12/27/2019 | | | | |
| | | | | | | | | | | |
| NOTE: Sul | bmission of false, erroneou | s, or incomplete info | ormation may | subject tl | ne person signii | ng this Stater | ment to penal | ties of 2 U. | S.C. §437g. | |
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FEC FORM 2 (REV. 02/2009)