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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Kildee, Daniel, T, ,					0.0 11 1 550 11			
	(b) Address (number and street) 6450 Flagstone Ct.	☐ Check if address changed			Candidate's FEC Identification Number H2MI05119				
	(c) City, State, and ZIP Code						lew	Amended	
	Flushing		MI	4843		,	N) OR	(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	DEMOCRATIC PARTY	House			MI	08			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
Friends of Dan Kildee									
	(b) Address (number and street)								
	P.O. Box 248								
	(c) City, State, and ZIP Code								
	Flint				MI	48501			
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) Kildee Victory Fund								
	(b) Address (number and street) P.O. Box 402								
	(c) City, State, and ZIP Code								
	Flint				MI	48501			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Si	gnature of Candidate					Date			
K	ildee, Daniel, T, ,			[Elec	tronically Filed]	11/18/2022			
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)