FEC FORM 2 STATEMENT OF CANDIDACY

					
1. (a) Name of Candidate (in full)	ik hoc	GENDY	K.JR		
(b) Appress (number and suber)	TI CHECK II	acuress cranged		2. Identification Number	
8607 WEST	RA	ve		O I- This Ale	Amended
(c) City, State, and ZIP Code	> M1	4900		3. Is This Statement New (N	
4. Party Affiliation REPUBLICAN	Office Sought U.S. SEN	ATE	6. State & Distri	ct of Candidate HIGAN	
	GNATION OF				
7. I hereby designate the following name					election(s).
7. Thereby designate the following ham	ed political committe	e as my rimopai o	ampaign Comm	(year of elec	· · · · · · · · · · · · · · · · · · ·
NOTE: This designation should be file	ed with the appropris	ate office listed in th	e instructions.	<u> </u>	
(a) Name of Committee (in full)					
JACK HOOGEN	odyic F	or us	s Se	ENATE	
(b) Address (number and street)		· · · · · · · · · · · · · · · · · · ·			
PO BOX 100	51				
(c) City, State, and ZIP Code			· · · · ·		
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CANOINS	VII	7830	- 00	9 1	
DES	IGNATION OF	OTHER AUT	HORIZED (COMMITTEES	
	(Includir	ng Joint Fundraising	Representative	s)	
I hereby authorize the following name candidacy.	d committee, which	is NOT my principa	il campaign com	mittee, to receive and exp	end funds on behalf of my
·					
NOTE: This designation should be file	ed with the principal	campaign committe	· ė .		
(a) Name of Committee (in full)					
(b) Address (number and street)					
(c) City, State, and ZIP Code					
(-)					
	 				
DECLARATION OF				IDS (House or Se	nate Only)
I intend to expend personal funds exc	eeding the threshold	d amount (see 11 C	.F.R. 400.9) by		
	9 A		000	for the primary election,	, and
	·				
	9B	ን ። ሳዮ ነ ነ ነ	0.00	for the general election.	
If you do not intend to expend person	al funds exceeding t	he threshold amour	nt for either electi	on, you must enter "0.00"	for each.
I certify that I have exam	ined this Statement	and to the best of n	ny knowledge an	d belief it is true, correct i	and complete.
Signature of Candidate		• • • • • • • • • • • • • • • • • • •		Date	
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JANA!	-			-11.5/	<u> </u>
NOTE: Submission of false, erroneous, of	r incomplete informa	ation may subject th	e nerson signing	this Statement to negati	es of 2 U.S.C. 6437a
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PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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