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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	HANSEN, ERIC, , ,							
	(b) Address (number and street) ■ Check if address PO BOX 411 101 STONE BLOCK ROW					Candidate's FEC Identification Number S4DE00094		
	(c) City, State, and ZIP Code					3. Is This New Amende	d	
	MONTCHANIN		DE	1971	0-0411	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	trict of Candidate	_	
	REPUBLICAN PARTY	Senate			DE	00		
	DE	SIGNATION	OF PR	INCIPAL	CAMPAIGI	N COMMITTEE		
7.	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)							
	HANSEN FOR SEN	ATE						
	(b) Address (number and street)						_	
	PO BOX 411							
	101 STONE BLOCK ROW							
	(c) City, State, and ZIP Code							
	MONTCHANIN				DE	19710		
	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)								
	(a) Name of Committee (iii raii)							
	(b) Address (number and street)						_	
	(c) City, State, and ZIP Code							
							_	
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is true, correct and complete.		
Signature of Candidate					Date			
HANSEN, ERIC, , ,					10/27/2023			
							_	
NC		a v i n a a man la ta i n	formation m	nav subject t	he nerson signi	ng this Statement to penalties of 2 LLS C. 8437g		
	OTE: Submission of false, erroneous	or incomplete in		.a, cabjeet	ile person signii	ing this otatement to penalties of 2 0.0.0. 34079.		
	OTE: Submission of false, erroneous	or incomplete in		,,	The person signif	ing this otation one to penalties of 2 0.0.0. 34079.	—	
	OTE: Submission of false, erroneous	or incomplete in		,,	The person signif	tig this statement to periation of 2 6.6.6. §407g.	—	
	(c) City, State, and ZIP Code						_	
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is true, correct and complete.		
Signature of Candidate					Date			
HANSEN, ERIC					10/27/2023			
							_	
NC			formation m	nav subject t	ha narenn einnii	ng this Statement to penalties of 2 LLS C. 8437g		
	OTE: Submission of false, erroneous	or incomplete in		iaj oaojoot i	ine person signii	ing this otatement to pendines of 2 0.0.0. 3407g.		
	OTE: Submission of false, erroneous	, or incomplete in		,,	rie person signii	ing this oracline in to portained of 2 c.c.c. 3407g.	—	
	OTE: Submission of false, erroneous	or incomplete in		lay Gazjoot (The person signif	ing this statement to periation of 2 6.6.6. 9407g.		

FEC FORM 2 (REV. 02/2009)