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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | | | | | 1 | |
|------------------------|--|---------------------|---------------|--------------|------------------|---|-----------------|-----------------|---|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
| | Markey, Michael, Jay, Mr., Jr. | | | | | | | | | |
| | o) Address (number and street) | | | | | Candidate's FEC Identification Number H4MI03243 | | | | |
| | (c) City, State, and ZIP Code | | | | | | lew | Amende | d | |
| | Grand Haven | | MI | 4941 | 7 | Statement (| N) OR | (A) | | |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Dist | rict of Candidate | | | | |
| | REPUBLICAN PARTY | House | | | MI | 03 | | | | |
| | DE | SIGNATION | OF PRIN | ICIPAL | CAMPAIGN | 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 f | iled with the appro | priate office | listed in th | ne instructions. | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | Michael Markey for | Congress | | | | | | | | |
| | (b) Address (number and street) P.O. Box 492 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | — | |
| | Spring Lake | | | | MI | 49456 | | | | |
| 8. | I hereby authorize the following name candidacy. NOTE: This designation should be formula in the state of th | | | | | nmittee, to receive and e | xpend funds | on behalf of my | | |
| _ | (a) Name of Committee (in full) | | | | | | | | — | |
| | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | | |
| | | mined this Statem | ent and to th | he best of | my knowledge a | and belief it is true, correc | et and comple | te. | | |
| Signature of Candidate | | | | | | Date | | | • | |
| M | larkey, Michael, Jay, Mr., Jr. | | | [Elect | ronically Filed] | 04/04/2023 | | | | |
| | | | | | | • | | | _ | |
| N | OTE: Submission of false, erroneous, | or incomplete info | ormation mag | y subject t | he person signir | ng this Statement to pena | alties of 2 U.S | .C. §437g. | _ | |
| N | OTE: Submission of false, erroneous, | or incomplete info | ormation mag | y subject t | he person signir | ng this Statement to pena | alties of 2 U.S | .C. §437g. | | |

FEC FORM 2 (REV. 02/2009)