FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	Hoover, Michael, , ,		haala Maria			0.0	FFO 13 - 17"	-4: A:		
	(b) Address (number and street) PO Box 202	ПС	heck if addres	s changed		Candidate's FEC Identification Number S4MI00454				
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	Laingsburg		MI	4884	8	Statement	x (N)	OR		(A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate				
	REPUBLICAN PARTY	Senate			MI	00				
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN		EE			
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 ap	propriate offic	e listed in th	ne instructions.					
	(a) Name of Committee (in full)	0								
	Michael Hoover for	Senate								
	(b) Address (number and street) PO Box 202									
	(c) City, State, and ZIP Code									
	Laingsburg				MI	48848				
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 f	iled with the pri	ncipal campai	gn committe	ee.					
	(a) Name of Committee (in full)									
	(a) Name of Committee (in full) (b) Address (number and street)									
	(b) Address (number and street)	mined this Stat	ement and to	the best of	my knowledge a	nd belief it is true	, correct and	complet	te.	
Si	(b) Address (number and street) (c) City, State, and ZIP Code	mined this Stat	ement and to	the best of	my knowledge al	nd belief it is true	, correct and	complet	te.	
	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example to the content of	mined this Stat	ement and to		my knowledge a		, correct and	complet	te.	
H	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examinating the control of the control o			[Elect	tronically Filed]	Date 02/02/2023				7g.
H	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate Goover, Michael, , ,			[Elect	tronically Filed]	Date 02/02/2023				7g.

FEC FORM 2 (REV. 02/2009)