| FEC FORM 2<br>STATEMENT OF CANDIDACY  |
|---|
| 1. (a) Name of Candidate (in full)  |
| MAX J. RIEKSE PEREIVED.   |
| (b) Address (number and street)   |
| (c) City, State, and ZIP Code 4944/5A Us. 7TH IT hill in I know Amended   |
| FRUITPORT MICHIGAN CUStatement & (M)MIDRIG (A)  |
| 4. Party Affiliation 5. Office Sought 6. State & District of Generaldatel 7 CITIZENS PARTY PRESIDENT MICHIC AW                                    |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s).                             |
| (year of election)<br>NOTE: This designation should be filed with the appropriate office listed in the instructions.                              |
| (a) Name of Committee (in full)   |
| COMMETTEE TO ELECT MAX RIEKS  |
| (b) Address (number and street)   |
| 7010 BROOKS ROAD (P.O.BOX 82)   |
| (c) City, State, and ZIP Code   |
| FRUITPORT MICHIGAN 49415  |
| 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    |
|   |
| NOTE: This designation should be filed with the principal campaign committee.   |
| (a) Name of Corfimittee (in full)   |
|   |
| (b) Address (number and street)   |
|   |
| (c) City, State, and ZIP Code   |
|   |
| DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)   |
| 9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by  |
| 9A  |
| 9B  |
|   |
| If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.                 |
| I certify that I have examined this Statement and to the best or my knowledge and belief it is true, correct and complete. Signature of Candidate |
| GIL - Maria - 1, - au   |
| mor 5- 100-4 July 27,2011   |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.     |
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| FE3AN039.PDF FEC FORM 2 (REV. 02/2003)  |

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| Federal Election Commission<br>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS<br>The FEC added this page to the end of this filing to indicate how it was received. |                          |
|---|--------------------------|
| Hand Delivered  | Date of Receipt          |
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| Delivery Confirmation <sup>™</sup> or Signature Confirmation <sup>™</sup> Label   |                          |
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| Date Other (Specify):   | of Receipt or Postmarked |
| Emp   | 8/1/11                   |
| (3/2005)  | DATE PREPARED            |

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