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FEC FORM 2

STATEMENT OF CANDIDACY

` ,	e of Candidate (in full) nson, James, Michael, ,									
(b) Address (number and street)						2. Candidate's FEC Identification Number				
	5029 WILLOW CHASE DRIVE				H6LA04138					
	(c) City, State, and ZIP Code Benton LA 71006-9331				3. Is This New Amended Statement (N) OR X (A)					
4. Party Aff		5. Office Soug				trict of Candidate				
REPUE	BLICAN PARTY	House			LA	04				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)									
	his designation should be	oe filed with the ap	propriate office	ce listed in th	ne instructions.					
, ,	e of Committee (in full)									
MIKE JOHNSON FOR LOUISIANA										
(b) Addr	ess (number and street)									
	7 N Hullen St									
	301 State, and ZIP Code									
	etairie				LA	70002-3455				
	ı	DESIGNATIO	N OF OTI	HER AII	THORIZED	COMMITTEES				
	•				g Representati					
 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) Nam	e of Committee (in full)									
Johnson Leadership Fund										
` ,	ess (number and street) 228 S. Washington St.									
	115 State, and ZIP Code									
Ale	xandria				VA	22314				
	I certify that I have	examined this Stat	tement and to	the best of	my knowledge	and belief it is true, correct and complete.				
Signature of Candidate					Date					
Johnson, James, Michael, ,						02/20/2025				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.		by authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my acy. NOTE : This designation should be filed with the principal campaign committee.								
) Name of Committee (in full)									
	GROW THE MAJORITY NY									
	(b) Address (number and street)			•						
	228 S WASHINGTON ST STE 115									
	(c) City, State, and ZIP Code									
	ALEXANDRIA	VA	22314							
8.	I hereby authorize the following named committee, which is NOT my princip									
	ndidacy. NOTE: This designation should be filed with the principal campaign committee.									
) Name of Committee (in full) GROW THE MAJORITY									
	(b) Address (number and street) 228 S WASHINGTON ST STE 115									
	(c) City, State, and ZIP Code									
	ALEXANDRIA	VA	22314							
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)										
	GROW THE MAJORITY CA									
	(b) Address (number and street) 228 S WASHINGTON ST STE 115									
	(c) City, State, and ZIP Code									
	ALEXANDRIA	VA	22314							
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa (a) Name of Committee (in full)		· · · · · · · · · · · · · · · · · · ·							
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									