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FEC FORM 2

STATEMENT OF CANDIDACY

1	(a) Name of Condidate (in full)									
١.	(a) Name of Candidate (in full) Bergman, John, , ,									
	(b) Address (number and street)	ПС	heck if addre	ss channed		2. Candidate's FEC Identification Number				
	N3465 Sylvan Isle Drive		meek ii addre	33 changed		H6MI01226				
	(c) City, State, and ZIP Code			4000	0	3. Is This New Amended				
	Watersmeet		M	4996		Statement (N) OR X (A)				
4.	Party Affiliation	5. Office Soug	jht			trict of Candidate				
	REPUBLICAN PARTY	House			MI	01				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following nar	med political co	mmittee as m	ny Principal	Campaign Com	mittee for the 2026 (year of election) election(s).				
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.					
	(a) Name of Committee (in full)									
	BERGMANFORCO	NGRESS								
	(b) Address (number and street)									
	N5070 CISCO LAKE ROAD									
	(c) City, State, and ZIP Code									
	WATERSMEET				MI	49969				
	I hereby authorize the following name candidacy. NOTE: This designation should be form	ned committee,	which is NO	T my princip		ves) mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)									
	THE BERGMAN VICTORY COMMITTEE									
	(b) Address (number and street) 824 S. MILLEDGE AVE									
	STE 101 (c) City, State, and ZIP Code									
	ATHENS				GA	30605				
	ATTIENO				O/ C	30000				
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.				
Sig	gnature of Candidate					Date				
Bergman, John, , ,					11/12/2024					
Ъс	a ginan, sonn, , ,					11/12/2024				
NC	ote: Submission of false, erroneous,	, or incomplete	information n	nay subject t	the person signi	ng this Statement to penalties of 2 U.S.C. §437g.				
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NC	OTE: Submission of false, erroneous,	, or incomplete	information n	nay subject t	the person signi	ng 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

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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)							
	BMW VICTORY COMMITTEE							
	(b) Address (number and street)							
	PO BOX 30844							
	(c) City, State, and ZIP Code							
	BETHESDA MD 20824							
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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							