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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	JAMES, JOHN, , ,									
	(b) Address (number and street P.O. BOX 628	) 🗆 (	Check if addre	ss changed		2. Candida H2MI1	ate's FEC Ider 0150	ntification	Numbe	r
	(c) City, State, and ZIP Code ST. CLAIR SHORES		М	48080	)	3. Is This Staten			×	Amended (A)
4.	Party Affiliation	5. Office Sou	ght		6. State & Dis	trict of Candid	date			
	REPUBLICAN PARTY	House	<b>)</b>		MI	10				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following	g named political c	ommittee as n	ny Principal C	Campaign Com	mittee for the	2024 (year of elec		tion(s).	
	NOTE: This designation should	be filed with the a	ppropriate offi	ce listed in th	e instructions.					
	(a) Name of Committee (in full)									
	JOHN JAMES FO	OR CONGR	ESS, INC							
	(b) Address (number and street	)								
	P.O. BOX 628									
	(c) City, State, and ZIP Code									
	ST. CLAIR SHORES				MI	48080	)			
8.	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)  JOHN JAMES FOR MICHIGAN  (b) Address (number and street)  P.O. BOX 628									
	(a) City State and ZID Code									
	(c) City, State, and ZIP Code ST. CLAIR SHORES				MI	48080	1			
	I certify that I have	examined this Sta	atement and to	the best of i	my knowledge a	and belief it is	s true, correct	and com	olete.	
Si	gnature of Candidate					Date				
JA	AMES, JOHN, , ,					02/23/20	24			
NC	OTE: Submission of false, errone	eous, or incomplete	e information n	nay subject tl	ne person signi	ing this Stater	ment to penalt	ties of 2 U	J.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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	SCOTT FRANKLIN WINGMAN FUND							
	(b) Address (number and street) P.O. BOX 2811							
	(c) City, State, and ZIP Code  LAKELAND	FL	33806					
8.		hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)							
	PROTECT THE HOUSE 2024							
	(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 candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)	<i>r</i> principal campaigr		my				
8.	candidacy. NOTE: This designation should be filed with the principal	<i>r</i> principal campaigr		my				
8.	candidacy. <b>NOTE</b> : This designation should be filed with the principal (a) Name of Committee (in full)	<i>r</i> principal campaigr		my				
8.	candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street)	<i>r</i> principal campaigr		my				
8.	candidacy. NOTE: This designation should be filed with the principal  (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street)  502 6TH STREET	<i>r</i> principal campaigr		my				
	candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street) 502 6TH STREET  (c) City, State, and ZIP Code	r principal campaigr Il campaign committ WI	54016  committee, to receive and expend funds on behalf of					
	candidacy. NOTE: This designation should be filed with the principal  (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street) 502 6TH STREET  (c) City, State, and ZIP Code HUDSON  I hereby authorize the following named committee, which is NOT my	r principal campaigr Il campaign committ WI	54016  committee, to receive and expend funds on behalf of					
	candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street) 502 6TH STREET  (c) City, State, and ZIP Code HUDSON  I hereby authorize the following named committee, which is NOT my candidacy. NOTE: This designation should be filed with the principal	r principal campaigr Il campaign committ WI	54016  committee, to receive and expend funds on behalf of					
	candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street) 502 6TH STREET  (c) City, State, and ZIP Code HUDSON  I hereby authorize the following named committee, which is NOT my candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)	r principal campaigr Il campaign committ WI	54016  committee, to receive and expend funds on behalf of					
	candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street) 502 6TH STREET  (c) City, State, and ZIP Code HUDSON  I hereby authorize the following named committee, which is NOT my candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full)  SCALISE LEADERSHIP FUND 2024  (b) Address (number and street)	r principal campaigr Il campaign committ WI	54016  committee, to receive and expend funds on behalf of					

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)

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	AMERICAN BATTLEGROUND FUND						
	(b) Address (number and street)						
	PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	MD	20824				
	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
-	(a) 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				
•	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi  (a) Name of Committee (in full)  EMMER MAJORITY BUILDERS			my			
-							
	(b) Address (number and street) 824 S. MILLEDGE AVE. STE. 101						
	, ,						
	824 S. MILLEDGE AVE. STE. 101	GA	30605				
8.	824 S. MILLEDGE AVE. STE. 101 (c) City, State, and ZIP Code	my principal campaign	committee, to receive and expend funds on behalf of	my			
8.	824 S. MILLEDGE AVE. STE. 101  (c) City, State, and ZIP Code ATHENS  I hereby authorize the following named committee, which is NOT	my principal campaign	committee, to receive and expend funds on behalf of	my			
8.	824 S. MILLEDGE AVE. STE. 101  (c) City, State, and ZIP Code ATHENS  I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi	my principal campaign	committee, to receive and expend funds on behalf of	my			
8.	824 S. MILLEDGE AVE. STE. 101  (c) City, State, and ZIP Code ATHENS  I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi  (a) Name of Committee (in full)	my principal campaign	committee, to receive and expend funds on behalf of	my			
8.	824 S. MILLEDGE AVE. STE. 101  (c) City, State, and ZIP Code ATHENS  I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi  (a) Name of Committee (in full)  LEAN FORWARD AMERICA FUND  (b) Address (number and street)	my principal campaign	committee, to receive and expend funds on behalf of	my			