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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) JOHNSON, MICHAEL, DON, ,		
(b) Address (number and street) 3415 W. Lake Mary Blvd #952845		☐ Check if address changed
(c) City, State, and ZIP Code Lake Mary FL 32795		2. Candidate's FEC Identification Number H4FL07152
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate FL 07		3. Is This Statement ☐ New (N) OR ☒ Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) MIKE JOHNSON FOR FLORIDA		
(b) Address (number and street) 3415 W. LAKE MARY BLVD #952845		
(c) City, State, and ZIP Code LAKE MARY FL 32795		

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Johnson, Michael, Don, ,	Date 10/30/2025
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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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