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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	JAMES, JOHN, , ,  (b) Address (number and street)	ПС	heck if addre	cc changed		2. Candidate's FEC Identification Number	
	P.O. BOX 628		neck ii addre	ss changeu		H2MI10150	
	(c) City, State, and ZIP Code		NAI	4808	0	3. Is This New Amend Statement (N) OR (A)	led
1	ST. CLAIR SHORES Party Affiliation	F Office Sour	M	4000		Statement (N) OR (A) trict of Candidate	
4.	REPUBLICAN PARTY	5. Office Soug House	jrit		MI	10	
	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 $\frac{2026}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be	iled with the ap	propriate offi	ce listed in t	ne instructions.		
	(a) Name of Committee (in full)						
	JOHN JAMES FOR	CONGRE	ESS, INC				
	(b) Address (number and street)						
	P.O. BOX 628						
	(c) City, State, and ZIP Code						
	ST. CLAIR SHORES				MI	48080	
	DE				THORIZED g Representativ	COMMITTEES  /es)	
0	I horoby authorize the following per	·			•	mmittee, to receive and expend funds on behalf of m	.,
0.	candidacy.	neu committee,	WIIICIT IS INO	т тту рттогр	ai campaign coi	minicee, to receive and expenditures on behalf of m	у
	NOTE: This designation should be f	iled with the pr	ncipal campa	ign committ	ee.		
	(a) Name of Committee (in full)						
	JOHN JAMES FOR	MICHIG	AN				
	(b) Address (number and street)						
	P.O. BOX 628						
	(c) City, State, and ZIP Code						
	ST. CLAIR SHORES				MI	48080	
	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
C:	·	iiiiiieu tiiis Stat	ement and to	tine best of	Thy knowledge a	,	
Signature of Candidate			Date	•			
JA	AMES, JOHN, , ,					12/19/2024	
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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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. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend functional 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 princ candidacy. NOTE: This designation should be filed with the principal campoon (a) Name of Committee (in full)  TRANSPORTATION TRUST FUND  (b) Address (number and street)							
	502 6TH STREET							
	(c) City, State, and ZIP Code							
	HUDSON	WI	54016					
8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	SCALISE LEADERSHIP FUND 2024							
	(b) Address (number and street) 320 1ST ST SE							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					

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)

3.	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					
3.	candidacy. NOTE: This designation should be filed with the principal	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ndidacy. <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					
3.	I hereby authorize the following named committee, which is NOT my plandidacy. NOTE: This designation should be filed with the principal of (a) Name of Committee (in full)  EMMER MAJORITY BUILDERS  (b) Address (number and street) 824 S. MILLEDGE AVE. STE. 101			behalf of my				
	(c) City, State, and ZIP Code							
	ATHENS	GA	30605					
3. 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)  MICHIGAN VICTORY FUND 2024								
	(b) Address (number and street) 228 S WASHINGTON STREET							
	SUITE 115 (c) City, State, and ZIP Code							
	ALEXANDRIA	VA	22314					