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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McGuire, John, J., Mr., III		
(b) Address (number and street) 11357 Nuckols Road Ste 156		☐ Check if address changed
(c) City, State, and ZIP Code Glen Allen VA 23059		2. Candidate's FEC Identification Number H0VA07133
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate VA 05		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) McGuire for Virginia		
(b) Address (number and street) PO Box 71596		
(c) City, State, and ZIP Code Richmond VA 23255		

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) MCGUIRE VICTORY FUND		
(b) Address (number and street) PO BOX 242		
(c) City, State, and ZIP Code MANAKIN SABOT VA 23103		

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 McGuire, John, J., Mr., III	Date 08/05/2026
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

STRATEGIC DEFENSE FUND

(b) Address (number and street)

POST OFFICE BOX 905

(c) City, State, and ZIP Code

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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