

Image# 202409179675494493

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ERICKSON, MIKE, , ,			2. Candidate's FEC Identification Number H2OR06124	
(b) Address (number and street) PO BOX 23811		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code TIGARD		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate OR 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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 Erickson for Congress		
(b) Address (number and street) PO Box 23811		
(c) City, State, and ZIP Code Tigard OR 97281		

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) GT FARM TEAM 2024		
(b) Address (number and street) PO BOX 30844		
(c) City, State, and ZIP Code BETHESDA MD 20824		

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 ERICKSON, MIKE, , ,	Date 09/17/2024
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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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