

Image# 202506269762544661

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |  |   |   |
|--|--|---|---|
| 1. (a) Name of Candidate (in full)<br>Tyler, John, Wesley, , |  |   |   |
| (b) Address (number and street)<br>16654 Ellen Springs Rd    |  | <input type="checkbox"/> Check if address changed |   |
| 2. Candidate's FEC Identification Number<br>H6CA04172        |  |   |   |
| (c) City, State, and ZIP Code<br>Lower Lake                  |  | CA  | 95457   |
| 3. Is This Statement   |  | <input type="checkbox"/> New (N)                  | <input checked="" type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br>INDEPENDENT                          |  | 5. Office Sought<br>House                         |   |
|  |  | 6. State & District of Candidate<br>CA 04         |   |

## 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)

John Tyler for US Congress Election Committee

(b) Address (number and street)

16654 Ellen Springs Rd

(c) City, State, and ZIP Code

Lower Lake CA 95457

## 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.*

|  |                           |
|--|---------------------------|
| <b>Signature of Candidate</b><br><i>Tyler, John, Wesley, ,</i> | <b>Date</b><br>06/26/2025 |
|--|---------------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H G7 <981 @ C F H 9 A N5 H C B

**Form/Schedule:** F2A

**Transaction ID :**

This amended form is simply meant to change party registration from DEM to IND.

**Form/Schedule:**

**Transaction ID:**