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FEC FORM 2

STATEMENT OF CANDIDACY

	() 11 (((((((((((((((((
1.	(a) Name of Candidate (in full)						
	Johnson, Perry, , ,		1 .6			10.0 ELL 155011 277 21	
	(b) Address (number and street) 755 W Big Beaver Rd #1300	□Che	eck if address o	changed		Candidate's FEC Identification Number P40010928	
	(c) City, State, and ZIP Code					3. Is This New Amende	d
	Troy		MI	48084	4	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Sought			6. State & Distr	rict of Candidate	_
	REPUBLICAN PARTY	Presidential				00	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
	NOTE: This designation should be f	iled with the appr	opriate office li	isted in th	ne instructions.		
	(a) Name of Committee (in full)						
	Perry Johnson For F	resident Ir	nc.				
	(b) Address (number and street)						—
	755 W Big Beaver Rd						
	#1300						
	(c) City, State, and ZIP Code						—
	Troy				MI	48084	
	-,						
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						
	(c) City, State, and ZIP Code						
	(c) City, State, and ZIP Code						_
		mined this Stater	ment and to the	e best of I	my knowledge a	and belief it is true, correct and complete.	_
	I certify that I have exa	mined this Stater	nent and to the	e best of r	my knowledge a	and belief it is true, correct and complete.	
	I certify that I have exa	mined this Stater	nent and to the	e best of r	my knowledge a	Date	
	I certify that I have exa	mined this Stater	nent and to the		my knowledge a	· · · · · · · · · · · · · · · · · · ·	
	I certify that I have exa	mined this Stater	nent and to the			Date	
Jo	I certify that I have exa gnature of Candidate ohnson, Perry, , ,			[Elect	ronically Filed]	Date	
Jo	I certify that I have exa gnature of Candidate ohnson, Perry, , ,			[Elect	ronically Filed]	Date 02/09/2023	
Jo	I certify that I have exa gnature of Candidate ohnson, Perry, , ,			[Elect	ronically Filed]	Date 02/09/2023	

FEC FORM 2 (REV. 02/2009)