

Image# 202601059793905723

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) LEPAGE, PAUL, , ,		
(b) Address (number and street) PO BOX 49		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code AUGUSTA ME 04332		2. Candidate's FEC Identification Number H6ME02148
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate ME 02		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> 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) PAUL LEPAGE FOR CONGRESS		
(b) Address (number and street) PO BOX 49		
(c) City, State, and ZIP Code AUGUSTA ME 04332		

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) LEPAGE VICTORY FUND		
(b) Address (number and street) PO BOX 49		
(c) City, State, and ZIP Code AUGUSTA ME 04332		

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 LEPAGE, PAUL, , ,	Date 01/05/2026
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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)

DEFEND OUR MAJORITY

(b) Address (number and street)

320 FIRST ST SE

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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

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(b) Address (number and street)

(c) City, State, and ZIP Code