Only

# STATEMENT OF

PAGE 1 / 18 =

FORM 1		0	RGAN	IIZA <sup>-</sup>	ΓΙΟ	N													
									ㅗ				Offi	ce U	se Or	ly			
NAME OF     COMMITTEE (ir	n full)		Check if nams changed)	ie		ple:If ty he line		ype		12F	E4	M5	_						
Brandon Fo	Cong	ress N`	Y22																
ADDRESS (number a	nd street)	PO Box 3	3580																
(Check if				1 1		1 1	1 1	1 1	ı	1 1	1	1 1		ı	l l			1 1	
is changed	u)	Syracuse	e TY <b>A</b>							NY	E A	L	1322	20	ZI			<u> </u>	
COMMITTEE'S E-MA	AIL ADDR	ESS																	
(Check if a is changed		complia	nce@clcompl	iance.cor	m 		1 1	1 1	ı	I I	ı	1 1	ı	ı	l I	ı		1 1	ı
is changed	u)	Optional	Second E-Ma	ail Addre	ss														_
		info@bra	ndonforcongres	ssny22.cor	m														
COMMITTEE'S WEB		·	•																
	address d)	brandonf	orcongressny2	22.com															
											ı								
																			_
2. DATE 0		D / Y	2024																
3. FEC IDENTIFIC	CATION N	IUMBER		C008	06307		_												
4. IS THIS STATE	MENT	NEW	(N) O	R	×	АМ	ENDEI	) (A)											
I certify that I have e	examined	this Stateme	ent and to the	best of	my kn	owledg	e and	belief	it is	true,	cori	rect a	and	com	plete				
Type or Print Name	of Treasur	er <u>Wojciec</u>	howski, Maria,	, ,															
Signature of Treasure	er <u>Woj</u>	ciechowski, N	Лагіа, , ,						D	ate	T.	09	1	1	7 D	1	202	24	Y
NOTE: Submission of	false, error		omplete inform					_	-					ena	lties (	of 52	U.S.0	C. §3	0109
Office Use					F	or furth ederal E	er infor	mation Commis	cont								<b>IM 1</b> 2012)		_ ,

Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Williams, Brandon, McDonald, ,	
	Candidate Party Affiliation REP Office Sought: X House Senate President	State NY District 22
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperation	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>
V	Vrite or Type Committee Name			
	Brandon For Cor			
6.		ganization, Affiliated Committee, Joint Fundrais	ing Representative, or L	eadership PAC Sponsor
	Team Brandon Victor	y Committee		
	Mailing Address	PO Box 3580		
		Syracuse	NY 1	13220
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint F	Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and	position of the person in pr	ossession of committee
	Wojciechow	rski, Maria, , ,		
	Mailing Address	2465 Centreville Rd.		
	Maining Address	Ste J17-714		
		Herndon	VA       2	20171
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telep	phone number	]
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasussistant treasurer).	urer of the committee; and	the name and address of
	Full Name Wojciechow of Treasurer	vski, Maria, , ,		
	Mailing Address	2465 Centreville Rd.		
	-	Ste J17-714		
		Herndon	VA   2	20171
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telep	phone number	

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Desition	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position •		
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	lds accounts, rents
Name of Bank, D	pepository, etc.	
	Chain Bridge Bank	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	pepository, etc.	
	Wells Fargo Bank	
Mailing Address	8302 Woodmont Avenue	
	Bethesda MD 20814	
	CITY ▲ STATE ▲	ZIP CODE ▲

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1. 2. 3. 4. Name of Any Connected Converted Co	Organization, Affiliated Committee, Joint Fundra ON, McDonald, , PO Box 3580	FEC ID number FEC ID number FEC ID number FEC ID number aising Representative	C C C e, or Leadership PAC Sponso
3. 4. Name of Any Connected Converted Converte	ON, McDonald, ,	FEC ID number	C
A. Name of Any Connected C	ON, McDonald, ,	FEC ID number	С
Name of Any Connected C	ON, McDonald, ,		
WILLIAMS, BRANDO	ON, McDonald, ,	aising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 3580		
Relationship:	Syracuse CITY A	NY STATE A	13220 ZIP CODE ▲
Connected	Organization Affiliated Committee Joint	Fundraising Representa	ative X Leadership PAC Spo
Full Name	<u> </u>		
J			
			1
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
	1	lephone Number	
Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, etc.  Mailing Address		the committee deposit	s funds, holds accounts, rents
	Reston	, ,   VA	20191

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1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
PROTECT THE HOU	SE 2024		
Mailing Address	PO BOX 30844		
	1		
	BETHESDA	ı MD ı	20824
Relationship:	CITY A	STATE A	ZIP CODE ▲
	5		
	Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify  Full Name		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify  Full Name		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)	Fundraising Represent	ZIP CODE A
Designated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		

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. 1		Participant:				
1				FEC II	) number	С
2				FEC II	) number	C
3.				FEC II	number	С
4.				FEC II	) number	С
	Any Connected (YORK MAJORI		iated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spon
Ма	iling Address	PO BOX 183				
		HUDSON			WI	54016
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
esignat	ted Agent: Identify	by name, address	(phone number – option	nal)		
	ted Agent: Identify	by name, address	(phone number – option	nal)		
Full 1		by name, address	(phone number – option	nal)		
Full 1	Name	by name, address	(phone number – option	nal)		
Full 1	Name	by name, address	(phone number – option	nal)		
Full Mailin	Name		(phone number – option		STATE A	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connector	l Organization, Affiliated Committee, Joint Fun	draining Donrocontative	o at Londovskin DAC Coon
-	JSE NEW YORK 2024		., or Leadership FAC Spori
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee X Joint J		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent

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1		g Participant:				
				FEC IC	number	С
2				FEC II	number	C
3.				FEC IC	number	С
4.				   FEC II	) number	C
	-		liated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spon
TRAN	NSPORTATION	TRUST FUND				
Ма	ailing Address	502 6TH STREI	<b>≣T</b>			
		HUDSON		1	WI	54016
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
Full I	Name					
Mailii	ng Address					
TITI	LE OR POSITION	<b>-</b>	CITY A		STATE A	ZIP CODE A

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	FEC ID number	C
	L FEC ID mumber	
	FEC ID number	C
	FEC ID number	C
	FEC ID number	С
Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
RITY NY		
228 S WASHINGTON ST STE 115		
ALEXANDRIA	VA VA	22314
CITY ▲	STATE A	ZIP CODE ▲
	OTATE 4	
I ▼	STATE ▲	ZIP CODE ▲
-	228 S WASHINGTON ST STE 115  ALEXANDRIA  CITY   dd Organization Affiliated Committee   fy by name, address (phone number – optional)	228 S WASHINGTON ST STE 115  ALEXANDRIA  CITY   STATE   d Organization  Affiliated Committee  X Joint Fundraising Represent  Ty by name, address (phone number – optional)

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h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint I	- - - - - - - - - - - - - - - - - - -	ve, or Leadership PAC Spons
GROW THE MAJOR	RITY		
Mailing Address	228 S Washington St.		
	Ste 115		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X  fy by name, address (phone number – option	Joint Fundraising Represer	ntative Leadership PAC Sp
			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – option		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – option	al)	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – option  CITY   CITY   pries: List all banks or other depositories in valintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – option  CITY   CITY   pries: List all banks or other depositories in valintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – option  CITY   CITY   pries: List all banks or other depositories in valintains funds.	STATE A  Telephone Number	ZIP CODE A

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I	ng Participant:		
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3.		FEC ID number	C
4.		FEC ID number	С
SCALISE LEADERSH	Organization, Affiliated Committee, Joint I HIP FUND 2024	Fundraising Representative	e, or Leadership PAC Spons
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	<u> </u>		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY ▲	1	ZIP CODE A
		Telephone Number	
Banks or Other Deposito	ries: List all banks or other depositories in v	Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in valuations funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents

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		FEC ID numbe	er C
		FEC ID numbe	er C
		FEC ID number	er C
		FEC ID numbe	er C
nected Organization, A DRITY BUILDERS	Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Spons
ss 824 S. MILLE	EDGE AVE. STE. 101		
ATHENS		GA L	30605
	CITY ▲	STATE	▲ ZIP CODE ▲
SITION ▼	CITY A	STATE A	ZIP CODE ▲
	PRITY BUILDERS  824 S. MILLE ATHENS  Innected Organization  Identify by name, addr	BRITY BUILDERS  824 S. MILLEDGE AVE. STE. 101  ATHENS  CITY   connected Organization Affiliated Committee	FEC ID number  nected Organization, Affiliated Committee, Joint Fundraising Representation  ORITY BUILDERS  824 S. MILLEDGE AVE. STE. 101  ATHENS  CITY A STATE  CITY A STATE  Identify by name, address (phone number – optional)

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(h). <b>Joint Fundraisi</b>	ng rantopanti		
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2.		FEC ID number	С
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4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e. or Leadership PAC Spon
PFRIENDS OF PFL			
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
resignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)		
Full Name Mailing Address	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or make the property of the property of the position of the property of the position of the property of the propert	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE   Telephone Number  the committee deposit	ZIP CODE A  ts funds, holds accounts, rent

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1.			
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2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
AMERICAN BATTLE	GROUND FUND		
Mailing Address	PO BOX 30844		
	BETHESDA	, , MD ,	20824
Relationship:	CITY A	STATE A	ZIP CODE ▲
п.		t Fundraising Represent	
Designated Agent: Identify	y by name, address (phone number – optional)		
Designated Agent: Identify	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A

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			FEC II	number	C
			FEC II	number	C
			FEC II	number	C
			   FEC II	) number	С
-	_		Fundraising Rep	presentative	, or Leadership PAC Spons
ng Address	P.O. BOX 2811				
	LAKELAND			FL	33806
ionship:		CITY A		STATE A	ZIP CODE ▲
me					
Address					
		CITY A		STATE A	ZIP CODE A
	FRANKLIN W  Ing Address  Connected	P.O. BOX 2811  LAKELAND  ionship:  Connected Organization	P.O. BOX 2811  LAKELAND  LONGING Connected Organization  Affiliated Committee	ry Connected Organization, Affiliated Committee, Joint Fundraising Registration Processing Address  P.O. BOX 2811  LAKELAND  LAKELAND  CITY	ry Connected Organization, Affiliated Committee, Joint Fundraising Representative FRANKLIN WINGMAN FUND  P.O. BOX 2811  LAKELAND  LAKELAND  Connected Organization  Affiliated Committee  Joint Fundraising Representative  STATE

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
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4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e. or Leadership PAC Spons
_	JORITY THROUGH NY	<u> </u>	·
Mailing Address	1305 W 11TH ST		<u> </u>
	213		
	HOUSTON	TX L	77008
Deletienskin	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joi	int Fundraising Representa	ative Leadership PAC Spo
Connecte  Pesignated Agent: Identi	ed Organization Affiliated Committee X Joi	int Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	int Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	int Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Joint J	int Fundraising Representation	Leadership PAC Spo
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee X Joint J		
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A  s funds, holds accounts, rents
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Pends or Other Deposit afety deposit boxes or make the period of Bank, Depository, etc.	Affiliated Committee X Joint J	STATE A  Telephone Number	ZIP CODE A

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ected Organization, Affilia	ated Committee, Joint	FEC ID FEC ID FEC ID FEC ID FEC ID	number number number	
_	ated Committee, Joint	FEC ID	number	С
_	ated Committee, Joint	FEC ID	number	
_	ated Committee, Joint			C
_	ated Committee, Joint	Fundraising Repr		
_	ated Committee, Joint	Fundraising Repr		
			esentative,	or Leadership PAC Spons
320 FIRST STREE	ET SE			
WASHINGTON			DC	20003
	CITY A		STATE A	ZIP CODE ▲
TION ▼	CITY ▲	S	TATE ▲	ZIP CODE ▲
		Telephone Nur	mber	
ı I	washington washington dentify by name, address  ITION   Washington	WASHINGTON  CITY   Innected Organization	WASHINGTON  CITY   Innected Organization	WASHINGTON  CITY   STATE   Annected Organization Affiliated Committee   Joint Fundraising Representation   Identify by name, address (phone number – optional)  CITY   STATE   STATE   STATE   STATE   STATE    STATE    STATE    Output  DC  STATE   STATE   STATE   STATE    STATE    Output  DC  STATE   STATE    STATE    STATE    Output  DC  STATE   STATE    STATE    Output  DC  STATE   STATE    Output  DC  STATE   STATE    Output  DC  STATE    STATE    Output  DC  STATE    STATE    Output  DC  STATE   Output  DC  STATE   Output  DC  STATE   Output  STATE   Output  DC  STATE   Output