FEC FORM 2 STATEMENT OF CANDIDACY

								_	
(a) Name of Candidate (in full)									
John Gunther (b) Address (number and street)	number and street)			2. FEC Candidate Identification Number					
No. 1 Railroad Place				To Be Ass					
(c) City, State, and ZIP Code Shushan, NY	12873			3. Is This	· .	New (N)	OR		Amended (A)
4. Party Affiliation	5. Office Sought		6 State & Distr	rict of Candi	date	-		70000	
Democrate	US Congress		NY D21						
DE	ESIGNATION OF PR	INCIPAL	CAMPAIGN	I COMM	ITTEE				
7. I hereby designate the following na	med political committee as m	ny Principal C	ampaign Comm	nittee for the	No 2025	Special	_ electio	on(s).	
NOTE: This designation should be	filed with the appropriate office	ce listed in th	e instructions.		(year o	election	(ר		
(a) Name of Committee (in full)	 	· ,	····· - ··· - ··	<u> </u>					
Mr. Gunther for	Congress								
(b) Address (number and street)		.							
No. 1 Railroad I	Place / PO {	30x 9	7						
(c) City, State, and ZIP Code									
Shushan, NY	12873								
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D	SIGNATION OF OT				TEES				
	(Including Join	it Fundraising	Representative	es)					
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 campa	aign committe	ee.						
NOTE: This designation should be med with the principal dampaight committee.									
(a) Name of Committee (in full)									
(b) Address (number and street)									
(c) City, State, and ZIP Code									
(6) 6.1.9, 6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1									
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	mined this Statement and to	the best of h	ny knowleage ar 	T	true, co	rrect an	а сотрі	ete.	
Signature of Candidate Date									
John Gimther 12/24/2024									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.									
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FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	 of	

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
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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	(a) Name of Committee (ın full)
	(b) Address (number and street)
	(c) City, State, and ZIP Code
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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PREPARER (4/2023)	DATE PREPARED