

Image# 202601239794154142

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Whitesides, George, , ,		
(b) Address (number and street) P.O. Box 221776		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Newhall CA 91322		2. Candidate's FEC Identification Number H4CA27111
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate CA 27

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) George Whitesides for Congress		
(b) Address (number and street) P.O. Box 221776		
(c) City, State, and ZIP Code Newhall CA 91322		

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) 314 ACTION IMPACT SLATE		
(b) Address (number and street) PO BOX 14560		
(c) City, State, and ZIP Code WASHINGTON DC 20044		

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 Whitesides, George, , ,	Date 01/23/2026
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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 6

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)

WHITESIDES VICTORY FUND

(b) Address (number and street)

PO BOX 22177

(c) City, State, and ZIP Code

NEWHALL

CA

91322

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)

CALIFORNIA HOUSE MAJORITY FUND

(b) Address (number and street)

499 S CAPITOL ST SW
SUITE 420

(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)

BLUE TO THE FUTURE 2024

(b) Address (number and street)

430 SOUTH CAPITOL STREET SE
2ND FLOOR

(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)

WHITESIDES VICTORY FUND

(b) Address (number and street)

PO BOX 22177

(c) City, State, and ZIP Code

NEWHALL

CA

91322

Optional Supplemental Page for Designation
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FEC Form 2S (Revised 02/2017)

Page 3 of 6DESIGNATION 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)

CALIFORNIA HOUSE MAJORITY FUND

(b) Address (number and street)

499 S CAPITOL ST SW
SUITE 420

(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)

BLUE TO THE FUTURE 2024

(b) Address (number and street)

430 SOUTH CAPITOL STREET SE
2ND FLOOR

(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)

DEMOCRACY SUMMER 2026

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(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)

WHITESIDES VICTORY FUND

(b) Address (number and street)

PO BOX 22177

(c) City, State, and ZIP Code

NEWHALL CA 91322

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

Page 4 of 6**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)

CALIFORNIA HOUSE MAJORITY FUND

(b) Address (number and street)

499 S CAPITOL ST SW
SUITE 420

(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)

BLUE TO THE FUTURE 2024

(b) Address (number and street)

430 SOUTH CAPITOL STREET SE
2ND FLOOR

(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)

JFW FUND

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(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)

DEMOCRACY SUMMER 2026

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

WASHINGTON DC 20003

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of Additional Authorized CommitteesPage 5 of 6

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)

BLUE WAVE CALIFORNIA VICTORY FUND

(b) Address (number and street)

611 PENNSYLVANIA AVENUE SE
SUITE 143

(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)

FRONTLINE PROTECTION FUND

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

WASHINGTON DC 20035

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)

MAJORITY FUND

(b) Address (number and street)

611 PENNSYLVANIA AVE SE
SUITE 143

(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)

WHITESIDES, TRAN, MIN JFA

(b) Address (number and street)

1030 15TH ST NW
#404

(c) City, State, and ZIP Code

WASHINGTON DC 20005

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of Additional Authorized CommitteesPage 6 of 6

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)

GRAY WHITESIDES VICTORY FUND

(b) Address (number and street)

122 C ST NW
STE 360

(c) City, State, and ZIP Code

WASHINGTON DC 20001

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)

JEFFRIES BATTLEGROUND PROTECTION FUND

(b) Address (number and street)

430 SOUTH CAPITOL STREET SE
2ND FLOOR

(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

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