

Image# 202601239794154142

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# FEC FORM 2

## STATEMENT OF CANDIDACY

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

**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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## 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

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(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

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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(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

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(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

## 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

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(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

## 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

## 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