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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) Fitzpatrick, Brian, , ,					
	(b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number
	PO Box 939		ook ii dadi o	oo onangoa		H6PA08277
	(c) City, State, and ZIP Code					3. Is This New Amended
	Langhorne		PA	1904		Statement (N) OR (A)
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate
	REPUBLICAN PARTY	House			PA	01
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE
7.	I hereby designate the following nar	med political co	ommittee as m	ny Principal (Campaign Com	mittee for the $\frac{2026}{\text{(year of election)}}$ election(s).
	NOTE: This designation should be f	filed with the ap	opropriate offic	ce listed in th	ne instructions.	
	(a) Name of Committee (in full)					
	BRIAN FITZPATRIC	CK FOR A	LL OF U	S		
	(b) Address (number and street)					
	PO BOX 939					
	(c) City, State, and ZIP Code					
	LANGHORNE				PA	19047
	DE	SIGNATIO	N OF OT	HFR AU	THORIZED	COMMITTEES
				_	g Representativ	
0	I haraby authorize the following pen	and committee	which is NO	F my princip	al campaign co	mmittee, to receive and expend funds on behalf of my
0.	candidacy.	neu committee	, WILLIAMS INC	т тту рттыра	ai campaign coi	militiee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	iled with the pr	incipal campa	ign committe	ee.	
	(a) Name of Committee (in full)					
	Team Fitz					
	(b) Address (number and street)					
	PO Box 30844					
	(c) City, State, and ZIP Code					
	Bethesda				MD	20824
	<u> </u>	mined this Sta	tement and to	the best of i	my knowledge a	and belief it is true, correct and complete.
Si	gnature of Candidate					Date
F	itzpatrick, Brian, , ,					11/25/2024
NC	DTE: Submission of false, erroneous	, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.
NC	OTE: Submission of false, erroneous	, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.
NC	DTE: Submission of false, erroneous	, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(including Joint Fundraisir	ng Representat	ives)			
3.	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)					
	PROTECT THE HOUSE 2024					
	(b) Address (number and street) PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA	MD	20824			
_						
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa (a) Name of Committee (in full)					
	AMERICAN BATTLEGROUND FUND					
	(b) Address (number and street) PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA	MD	20824			
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa (a) Name of Committee (in full)					
	EMMER MAJORITY BUILDERS					
	(b) Address (number and street) 824 S. MILLEDGE AVE. STE. 101					
	(c) City, State, and ZIP Code					
	ATHENS	GA	30605			
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa					
	(a) Name of Committee (in full)					
	GROW THE MAJORITY					
	(b) Address (number and street) 228 S Washington St					
	Ste 115 (c) City, State, and ZIP Code					
	Alexandria	VA	22314			

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)							
	SCOTT FRANKLIN WINGMAN FUND							
	(b) Address (number and street)							
	P.O. BOX 2811							
	(c) City, State, and ZIP Code							
	LAKELAND FL 33806	_						
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							
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							