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FEC FORM 2

STATEMENT OF CANDIDACY

_							
1.	(a) Name of Candidate (in full) Perry, Scott, , ,						
	• • • • • • • • • • • • • • • • • • • •		Check if addre	aa ahanaad		2. Candidate's FEC Identification Number	
	(b) Address (number and street) 4075 Linglestown Road PMB 119		neck ii addre	ss changed		H2PA04135	
	(c) City, State, and ZIP Code		Б.	4744	2		Amended
	Harrisburg		PA	17112			(A)
4.	Party Affiliation	5. Office Sou			6. State & Dis	rict of Candidate 10	
	REPUBLICAN PARTY	House			FA	10	
	DE	SIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE	
7.	I hereby designate the following nar	med political co	ommittee as m	ny Principal (Campaign Com	nittee for the $\frac{2024}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be to	filed with the ap	opropriate offi	ce listed in th	ne instructions.		
	(a) Name of Committee (in full)						
	Patriots for Perry						
	(b) Address (number and street)						
	4075 Linglestown Road						
	PMB 119						
	(c) City, State, and ZIP Code						
	New Cumberland				PA	17070	
	DE	SIGNATIO	N OF OT		TUODIZED	COMMITTEES	
	DE				g Representativ		
		`	inolaaling con	it i dilalalalal	grtoprocoman		
8.	I hereby authorize the following nan candidacy.	ned committee	, which is NO	Γ my principa	al campaign co	nmittee, to receive and expend funds on beha	llf of my
	NOTE: This designation should be f	filed with the pr	incipal campa	ign committe	ee.		
	(a) Name of Committee (in full)						
	Take Back the Hou	se 2022					
	(b) Address (number and street)						
	PO Box 30844						
	(c) City, State, and ZIP Code						
	Bethesda				MD	20824	
	I certify that I have exa	amined 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	
P	erry, Scott, , ,					11/22/2023	
N	OTF: Submission of false erroneous	or incomplete	information n	nav suhiect ti	he nerson signi	ng this Statement to penalties of 2 LLS C 8/43	7a
NC	OTE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §43	7g.
NC	OTE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §43	7g.

FEC FORM 2 (REV. 02/2009)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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)					
	Team Perry Victory					
	(b) Address (number and street) 3501 N. Front Street, Suite 200					
	(c) City, State, and ZIP Code Harrisburg	PA	17110			
3.	I hereby authorize the following named committee, which candidacy. NOTE : This designation should be filed with the			nds on behalf of my		
	(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 candidacy. NOTE : This designation should be filed with the (a) Name of Committee (in full)			nds on behalf of my		
	TRANSPORTATION TRUST FUND					
	(b) Address (number and street) 502 6TH STREET					
	(c) City, State, and ZIP Code					
	HUDSON	WI	54016			
3.	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) Team Perry Victory			nds on behalf of my		
	(b) Address (number and street) 3501 N. Front Street, Suite 200					
	(c) City, State, and ZIP Code					

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	3 of 5	
Page	01	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my princicandidacy. NOTE : This designation should be filed with the principal camp		
	(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
8.	I hereby authorize the following named committee, which is NOT my princicandidacy. NOTE : This designation should be filed with the principal camp		
	(a) Name of Committee (in full)		
	TRANSPORTATION TRUST FUND		
	(b) Address (number and street)		_
	502 6TH STREET		
	(c) City, State, and ZIP Code		
	HUDSON	WI	54016
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal camp		
	(a) Name of Committee (in full)		
	FREEDOMWORKS VICTORY 2023		
	(b) Address (number and street)		
	PO BOX 26141		
	(c) City, State, and ZIP Code		
	ALEXANDRIA	VA	22313
8.	I hereby authorize the following named committee, which is NOT my principal and ideas. NOTE: This designation about the filed with the principal committee.		
	candidacy. NOTE : This designation should be filed with the principal camp	Daigh committe	e.
	(a) Name of Committee (in full)		
	Team Perry Victory		
	(b) Address (number and street) 3501 N. Front Street, Suite 200		
	(c) City, State, and ZIP Code	5.4	47440
	Harrisburg	PA	17110

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)					
	Protect the House 2024					
	(b) Address (number and street)					
	PO Box 30844					
	(c) City, State, and ZIP Code					
	Bethesda	MD	20824			
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal ca			lf of my		
	(a) Name of Committee (in full)					
	TRANSPORTATION TRUST FUND					
	(b) Address (number and street) 502 6TH STREET					
	(c) City, State, and ZIP Code					
	HUDSON	WI	54016			
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) FREEDOMWORKS VICTORY 2023 (b) Address (number and street)			lf of my		
	PO BOX 26141					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22313			
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal ca		•	lf of my		
	(a) Name of Committee (in full)					
	SCALISE LEADERSHIP FUND 2024					
	(b) Address (number and street) 320 1ST ST SE					
	(c) City, State, and ZIP Code	_				
	WASHINGTON	DC	20003			

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Representatives)
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)
	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 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
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)
	(b) Address (number and street)
	(c) City, State, and ZIP Code
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)
	(b) Address (number and street)
	(c) City, State, and ZIP Code