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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
LANGWORTHY, NICK, , ,

(b) Address (number and street) ☐ Check if address changed
PO BOX 120

2. Candidate's FEC Identification Number
H2NY23228

(c) City, State, and ZIP Code
CLARENCE NY 14031

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
House

6. State & District of Candidate
NY 23

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
LANGWORTHY FOR CONGRESS

(b) Address (number and street)
PO BOX 120

(c) City, State, and ZIP Code
CLARENCE NY 14031

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)
LANGWORTHY CONGRESSIONAL VICTORY COMMITTEE

(b) Address (number and street)
PO BOX 120

(c) City, State, and ZIP Code
CLARENCE NY 14031

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	**Date**
LANGWORTHY, NICK, , ,	08/06/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC **Form 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)

GROW THE MAJORITY NY

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

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)

SECURING THE FUTURE FUND

(b) Address (number and street)

9300 SHELBYVILLE RD
SUITE 1005

(c) City, State, and ZIP Code

LOUISVILLE KY 40222

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)

SCALISE GOLD GLOVE MAJORITY

(b) Address (number and street)

421 OFFICE PARK DR

(c) City, State, and ZIP Code

MOUNTAIN BROOK AL 35223

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