**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ANGWORTHY FOR CONGRESS **PO BOX 120** ADDRESS (number and street) (Check if address is changed) **CLARENCE** 14031 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address LANGWORTHY@BROGHAMERLLC.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.NICKLANGWORTHY.COM (Check if address is changed) DATE 09 2024 C00817932 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer BROGHAMER, KEVIN, , BROGHAMER, KEVIN, , , Date 09 26 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

C Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candid	ate information below.)
(b) This committee is an authorized committee, and is NOT a principal camp information below.)	paign committee. (Complete the candidate
Name of Candidate LANGWORTHY, NICK, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Sens	State NY ate President District 23
(c) This committee supports/opposes only one candidate, and is NOT an au	thorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organic	ization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital S	Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify spons	sor on line 6.)
(g) This committee is an independent expenditure-only political committee (S	Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-co	ontribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and dis committees/organizations, at least one of which is an authorized committee.	·
(j) This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of a	
Committees Participating in Joint Fundraiser	
1.	C

TREASURER

	_			
_	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
V	Vrite or Type Committee Name			
		FOR CONGRESS		
6.	-	ganization, Affiliated Committee, Joint Fundraising Re	presentative, or L	eadership PAC Sponsor
	LANGWORTHY CON	IGRESSIONAL VICTORY COMMITTEE		
	Mailing Address	PO BOX 120		
		CLARENCE	NY	14031
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundrais	sing Representative	Leadership PAC Sponso
		,	g	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and positio	n of the person in p	ossession of committee
	BROGHAM	ER, KEVIN, , ,		
	Full Name	PO POY 400		
	Mailing Address	PO BOX 120		
		CLARENCE	NY	14031
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	<u>-</u>	• · · · · =	002_
	TREASURER	Telephone n	number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of tssistant treasurer).	the committee; and	the name and address of
	Full Name BROGHAM of Treasurer	ER, KEVIN, , ,		
	Mailing Address	PO BOX 120		
			<u> </u>	
		CLARENCE	NY L	14031
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

Telephone number

FEC	orm 1 (Revised 02/2009)	Page <b>4</b>
Full Name Designate Agent		
Mailing Ad	dress	
	CLARENCE	14031
Till D	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Po		
safety dep	Other Depositories: List all banks or other depositories in which the committee deposits boxes or maintains funds.	funds, holds accounts, rents
name of t	ank, Depository, etc.	
	CHAIN BRIDGE BANK NA	
Mailing Ad	lress 1445-A LAUGHLIN AVE	
	MCLEAN	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of I	ank, Depository, etc.	
	WELLS FARGO BANK	
Mailing Ac	lress 8302 WOODMONT AVE	
	BETHESDA	20814
	CITY ▲ STATE ▲	ZIP CODE ▲

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
_	d Organization, Affiliated Committee, Joint Fundra		
Mailing Address	PO BOX 30844		
Relationship:	BETHESDA CITY ▲	MD STATE ▲	20824 ZIP CODE ▲
riciationship.			
Connecte	ed Organization Affiliated Committee X Joint  fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spanish
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which is	STATE A lephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which the paintains funds.	STATE A lephone Number	ZIP CODE A

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1						
				FEC ID nu	umber C	
1				FEC ID nu	umber	
3.				FEC ID nu	umber C	
4.				FEC ID nu	umber C	
lame of	Any Connected C	Organization, Affiliate	d Committee, Joint I	undraising Repres	entative, o	or Leadership PAC Spons
GROV	W THE MAJORIT	ΓΥ NΥ 				
Mai	ling Address	228 S WASHINGTO	N ST STE 115	1 1 1 1 1 1 1		
	J - 12121 <b>200</b>					
		ALEXANDRIA			VA	22314
Rela	ationship:		CITY A		 ΓΑΤΕ ▲	ZIP CODE A
		-				
Full N						
Mailin	ig Address					
TITL	E OR POSITION	<u> </u>	CITY A	STA	TE A	ZIP CODE A

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Page	of <sup>9</sup>	

1.		FEC I	D number D number	C
3.			D number	С
		FEC I		
4.			D number	C
		FEC I	D number	C
lame of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Re	presentativ	e, or Leadership PAC Spons
GT FARM TEAM 202	4			
Mailing Address	PO BOX 30844			
Relationship:	BETHESDA CITY A		MD STATE ▲	20824 ZIP CODE ▲
neiationship.	CITY	_	SIAIE	ZIP CODE A
Full Name				
Mailing Address				
TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
		Telephone N	lumber	
Conko or Othor Donasito	ries: List all banks or other depositories	in which the comm	ittee deposit	s funds, holds accounts, rent
afety deposit boxes or ma			<u> </u>	1 1 1 1 1 1 1 1 1
afety deposit boxes or ma		1 1 1 1 1 1	<u>                                     </u>	<u> </u>
afety deposit boxes or ma				
afety deposit boxes or ma				

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Page	of <sup>9</sup>	

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
LANGWORTHY MC	LINARO VICTORY COMMITTEE		
Mailing Address	228 S WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
	CITY A	STATE ▲	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE <b>A</b>
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in what anintains funds.	Telephone Number	s funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in what anintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in what anintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents

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h). <b>Joint Fundraisi</b>	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
New Yorkers for Cor	nmon Sense		
Mailing Address	228 S Washington St.		
<b>J</b>	Ste. 115		
	Alexandria	, ,   VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	Affiliated Committee X Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Spanish
esignated Agent: Identing Full Name  Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identii  Full Name	cy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A elephone Number  the committee deposit	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   To ories: List all banks or other depositories in which aintains funds.	STATE A elephone Number  the committee deposit	ZIP CODE A  ts funds, holds accounts, rents
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   To ories: List all banks or other depositories in which aintains funds.	STATE A elephone Number  the committee deposit	ZIP CODE A  ts funds, holds accounts, rents