Image# 202404229636706467 PAGE 1/3

#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Brown, Sam, , ,									
	(b) Address (number and street) PO Box 750844		heck if addre	ss changed		2. Candida S4NV(	ate's FEC Ider 00288	ntification N	umber	
	(c) City, State, and ZIP Code					3. Is This	s Ne	•W	Amer	nded
	Las Vegas		N۱	/ 8913	6	Staten	nent (N	) OR	× (A)	
4.	Party Affiliation	5. Office Soug	ght		6. State & Dis	trict of Candi	date			
	REPUBLICAN PARTY	Senate			NV	00				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following I	named political co	ommittee as m	ny Principal	Campaign Com	mittee for the	2024 (year of elec	election)	on(s).	
	NOTE: This designation should b	e filed with the ap	opropriate offi	ce listed in t	ne instructions.					
	(a) Name of Committee (in full)									
	Sam Brown for Ne	vada								
	(b) Address (number and street)									
	PO Box 750844									
	(c) City, State, and ZIP Code									
	Las Vegas				NV	89136	6			
8.	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.	- file of could also as								
	NOTE: This designation should b	e filed with the pr	incipai campa	ign committ	ee. 					
	(a) Name of Committee (in full)									
	MAJORITY MAKE	RS FUND								
	(b) Address (number and street)									
	421 OFFICE PARK DR									
	(c) City, State, and ZIP Code									
	MOUNTAIN BROOK				AL	35223	+			
	I certify that I have e	examined this Sta	tement and to	the best of	my knowledge a	and belief it is	s true, correct	and compl	ete.	
Si	gnature of Candidate					Date				
В	rown, Sam, , ,					04/22/20	24			
NC	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 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	3	
Page	OI		

### **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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	SAM BROWN VICTORY FUND					
	(b) Address (number and street)					
	3275 N FORT APACHE #150					
	(c) City, State, and ZIP Code			_		
	LAS VEGAS	NV	89129			
8.	I hereby authorize the following named committee, which is NOT my prir candidacy. <b>NOTE</b> : This designation should be filed with the principal car		-			
	(a) Name of Committee (in full)					
	SAM BROWN VICTORY COMMITTEE					
	(b) Address (number and street) PO BOX 751271					
	(c) City, State, and ZIP Code					
	LAS VEGAS	NV	89136			
8.	I hereby authorize the following named committee, which is NOT my print candidacy. NOTE: This designation should be filed with the principal care (a) Name of Committee (in full)  BROWN/ROGERS VICTORY FUND		-			
	(b) Address (number and street) 3275 NORTH FORT APACHE ROAD					
	150 (c) City, State, and ZIP Code					
	LAS VEGAS	NV	89129			
8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care		•			
	(a) Name of Committee (in full)					
	2024 REPUBLICAN SENATE VICTORY					
	(b) Address (number and street) 228 S. WASHINGTON STREET					
	SUITE 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

Dogo	$^3$ of $^3$	
Page	ot	

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)  RECLAIM THE 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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	SENATE PATH TO VICTORY 2024						
	(b) Address (number and street) 421 OFFICE PARK DR						
	(c) City, State, and ZIP Code						
	BIRMINGHAM	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)						
	2024 SENATORS CLASSIC COMMITT	ГЕЕ					
	2024 SENATORS CLASSIC COMMITTO (b) Address (number and street) 228 S. WASHINGTON STREET	ΓΕΕ					
	(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115	ΓΕΕ					
	(b) Address (number and street) 228 S. WASHINGTON STREET	ΓΕΕ VA	22314				
8.	(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 (c) City, State, and ZIP Code	VA NOT my principal campaign	committee, to receive and expen	d funds on behalf of my			
8.	(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 (c) City, State, and ZIP Code ALEXANDRIA  I hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the process of the candidacy.	VA NOT my principal campaign	committee, to receive and expen	d funds on behalf of my			