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FEC FORM 2

STATEMENT OF CANDIDACY

_									
1.	(a) Name of Candidate (in full) Ryan, Patrick, , ,								
	(b) Address (number and street)	☐ Check if address changed			2. Candidate's FEC Identification Number				
	PO Box 2113	E Official address changed			H8NY19223				
	(c) City, State, and ZIP Code				_	3. Is This			Amended
	Kingston	- O#: 0	NY	12402		Staten		OR	× (A)
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug			6. State & Dis	trict of Candid	date		
	DEMICORATIO 174(CT)	110000							
	D	ESIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMMI	TTEE		
7.	I hereby designate the following na	med political co	ommittee as m	ny Principal (Campaign Com	mittee for the	2024 (year of elect		tion(s).
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in th	ne instructions.				
	(a) Name of Committee (in full)								
	Pat Ryan for Congr	ess							
	(b) Address (number and street)								
	PO Box 2113								
	(c) City, State, and ZIP Code								
	Kingston				NY	12402	2		
	וח	ESIGNATIO	N OF OT	HED AII	THODIZED	COMMIT	TEES		
	Di				g Representativ		ILLS		
0	I hereby authorize the following na					•	acive and evr	and fund	s on bobalf of my
0.	candidacy.	med committee	, WITICIT IS INO	т тту рттыра	ai campaign co	iiiiiiiiiiiiee, io re	ceive and exp	ena rana	s on benan or my
	NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	END CITIZENS UN	NITED - PI	RIORITY	2024					
	(b) Address (number and street)								
	122 C STREET NW								
	SUITE 360 (c) City, State, and ZIP Code								
	WASHINGTON				DC	20001			
	Witering					20001			
	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						
Ryan, Patrick, , ,			04/23/2024						
	DTF 0 1 : : : ((1								10.0.0407
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

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

	(moleculity contribution	ionig riopicconi	a					
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)							
	DEMOCRATIC FUTURE LEADERSHIP FUND							
	(b) Address (number and street)							
	PO BOX 15845							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
8.		ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my adidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)	a) Name of Committee (in full)						
	PAT RYAN VICTORY FUND							
	(b) Address (number and street) PO BOX 2113							
	(c) City, State, and ZIP Code							
	KINGSTON	NY	12402					
8	. I hereby authorize the following named committee, which is NOT my princ	cinal campaign	committee to receive and expend funds on hehalf of my					
Ο.	candidacy. NOTE : This designation should be filed with the principal cam							
	(a) Name of Committee (in full)							
	EMPIRE STATE STRIKES BACK							
	(b) Address (number and street)							
	PO BOX 65322							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20035					
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on be candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)							
	SERVE AMERICA VICTORY FUND							
	(b) Address (number and street)							
	PO BOX 2013							
	(c) City, State, and ZIP Code							
	SALEM	MA	01970					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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Page	01		

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) DEMOCRACY SUMMER 2024								
									(b) Address (number and street)
	600 PENNSYLVANIA AVE SE #15180	600 PENNSYLVANIA AVE SE #15180							
	(c) City, State, and ZIP Code								
	WASHINGTON D	OC .	20003						
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)								
	DELUZIO RYAN								
	(b) Address (number and street)								
	122 C ST NW								
	STE 360 (c) City, State, and ZIP Code								
	WASHINGTON		20001						
8.	8. I hereby authorize the following named committee, which is NOT my principal carbon candidacy. NOTE: This designation should be filed with the principal campaign of (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		nittee, to receive and expend funds on behalf of my						
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign of the candidacy.		nittee, to receive and expend funds on behalf of my						
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								