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FEC FORM 2

STATEMENT OF CANDIDACY

1 (a) Nam	o of Condidate (in full)									
	e of Candidate (in full) der, Scott, , ,									
	ess (number and street)	ПС	heck if addre	ss changed		2 Candida	ate's FFC Ider	ntification !	dumber	
	Box 129	☐ Check if address changed			Candidate's FEC Identification Number H2IL14102					
(c) City,	State, and ZIP Code					3. Is This			v	Amended
Yor	kville		IL	6056)	Stater	nent (N) OR	×	(A)
4. Party Aff	iliation	5. Office Soug	ht		6. State & Dist	trict of Candi	date			
REPUE	BLICAN PARTY	House			IL	14				
	D	ESIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMM	ITTEE			
7. I hereby	designate the following na	amed political co	mmittee as m	y Principal (Campaign Comr	mittee for the	2022 (year of elec		ion(s).	
	This designation should be	filed with the ap	propriate office	ce listed in th	ne instructions.					
` ,	e of Committee (in full)									
50	ott Gryder for Co	ngress								
	ess (number and street)									
РО	Box 129									
(c) City,	State, and ZIP Code									
Yo	rkville				IL	60560)			
	D	ESIGNATIO					TEES			
		(Including Join	t Fundraisin	g Representativ	ves)				
8. I hereby candidad	authorize the following na	med committee,	which is NO	T my principa	al campaign cor	mmittee, to re	eceive and exp	pend funds	s on beh	alf of my
	his designation should be	filed with the pri	ncipal campa	ign committe	ee.					
		<u>'</u>								
, ,	e of Committee (in full)	JOUEE 20	122							
1 /	KE BACK THE	1003E 20)22							
	ess (number and street)									
POI	BOX 30844									
(c) City,	State, and ZIP Code									
BE ⁻	THESDA				MD	20824				
	I certify that I have ex	amined this Stat	ement and to	the best of	my knowledge a	and belief it is	s true, correct	and comp	lete.	
Signature	of Candidate					Date				
Gryder, Sco	ott, , ,			[Elast	ronically Filed]	10/18/20	22			
				[Eleci	гонисану т неа ј					
NOTE O :			!f !'						0.0.0.	27
NOIE: Sub	mission of false, erroneou	s, or incomplete	information n	nay subject t	ne person signii	ng this State	ment to penali	ies of 2 U.	5.U. §40	37g.

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)								
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)								
	TAKE BACK IL-14 REPUBLICAN NOMINEE FUND 2022								
	(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)								
	Scott Gryder Victory Fund								
	(b) Address (number and street) PO Box 183								
	(c) City, State, and ZIP Code								
	Hudson WI 54016								
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								