## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1. (a) Name of Candidate (in full) RESCHENTHALER, GUY, , M	R.,							
(b) Address (number and street) P.O. BOX 23177	□ Check if address change	2. Candidate's FEC Identification Number H8PA18199						
(c) City, State, and ZIP Code PITTSBURGH	PA 152	222	3. Is This New Amended Statement (N) OR (A)					
4. Party Affiliation	5. Office Sought	6. State & Dist	rict of Candidate					
REPUBLICAN PARTY	House	PA	14					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
<ol> <li>I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2024</u> election(s). (year of election)</li> </ol>								
NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full) GUY FOR CONGRI	ESS							
(b) Address (number and street) P.O. BOX 23177								
(c) City, State, and ZIP Code								
PITTSBURGH		PA	15222					
DE	SIGNATION OF OTHER A (Including Joint Fundrais							
<ol> <li>I hereby authorize the following nan candidacy.</li> </ol>	ned committee, which is NOT my princ	cipal campaign con	nmittee, to receive and expend funds on behalf of my					
NOTE: This designation should be f	iled with the principal campaign comm	ittee.						
(a) Name of Committee (in full) FOUNDING FATHE	RS VICTORY FUND							
(b) Address (number and street) C/O RED CURVE SOLUTION	S							
138 CONANT ST, 2ND FL								
(c) City, State, and ZIP Code								
BEVERLY		MA	01915					
I certify that I have exa	mined this Statement and to the best	of my knowledge a	nd belief it is true, correct and complete.					
Signature of Candidate			Date					
RESCHENTHALER, GUY, , MR.,	[El	ectronically Filed]	11/16/2022					
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

## 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) RESCHENTHALER VICTORY FUND			
(b) Address (number and street) 824 S MILLEDGE AVE SUITE 101			
(c) City, State, and ZIP Code ATHENS	GA	30605	

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.

(b) Address (number and street)		
(c) City, State, and ZIP Code		

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

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