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FEC FORM 2

STATEMENT OF CANDIDACY

_												
1.	` '	of Candidate ms, Brandon	,									
		ss (number a			heck if addre	ss changed		2. Candida	ate's FEC Iden	tificatio	n Nur	nber
		ox 3580	,			3		H2NY:				
		tate, and ZIP	Code			, , ,	2	3. Is This				X (A)
	Syrac			F Office Court	NY	1322	-	Stater) O I	R	(A)
4.	Party Affili	ation .ICAN PART	Y	5. Office Soug House	gnt		6. State & Dis	strict of Candi	date			
	TALL OBL		•									
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)											
	NOTE: Th	is designation	n should be f	iled with the ap	opropriate offi	ce listed in th	ne instructions.		· ·	,		
	(a) Name	of Committee	e (in full)									
	BRANDON FOR CONGRESS NY22											
	(b) Addres	ss (number ar	nd street)									
	PO E	3580 SOX										
	(c) City, S	tate, and ZIP	Code									
	SYR	RACUSE					NY	13220)			
			DF	SIGNATIO	N OF OT	HFR AU	THORIZED	COMMIT	TFFS			
							g Representati		0			
8	I hereby a	uthorize the f	ollowing nam	ned committee	which is NO	T my princip	al campaign co	mmittee to re	eceive and exc	end fur	nds or	hehalf of my
٥.	candidacy		onoming nam		,	, թο.թ.	a. oampaigir oo		, , , , , , , , , , , , , , , , , , ,			
	NOTE: Th	is designation	n should be f	iled with the pr	incipal campa	ign committe	ee.					
	(a) Name	of Committee	e (in full)									
	Tea	am Brand	don Vict	ory Comn	nittee							
	(b) Addres	ss (number a	nd street)									
	PO B	ox 3580										
	(c) City, S	tate, and ZIP	Code									
	Syra	cuse					NY	13220)			
		I certify th	at I have exa	mined this Sta	tement and to	the best of	my knowledge	and belief it is	s true, correct	and con	nplete).
Si	gnature of	Candidate						Date				
W	illiams, Bro	andon, McDoi	ıald, ,					06/13/20	24			
NC	OTE: Subm	ission of false	e, erroneous,	, or incomplete	information n	nay subject t	he person sign	ing this State	ment to penalt	ies of 2	U.S.C	C. §437g.
				1				1		l		

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)

	(moraling content and alon	ig Hoprocontati	1100)					
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)							
	PROTECT THE HOUSE 2024							
	(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 princip candidacy. NOTE : This designation should be filed with the principal campa							
	(a) Name of Committee (in full)							
	NEW YORK MAJORITY MAKERS							
	(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 princip candidacy. NOTE : This designation should be filed with the principal campa							
	(a) Name of Committee (in full)							
	TRANSPORTATION TRUST FUND							
	(b) Address (number and street)							
	502 6TH STREET							
	(c) City, State, and ZIP Code							
	HUDSON	WI	54016					
3.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa		•					
	a) Name of Committee (in full)							
	PROTECT THE HOUSE NEW YORK 2024	PROTECT THE HOUSE NEW YORK 2024						
	(b) Address (number and street)							
	PO BOX 30844							
	(c) City, State, and ZIP Code							
	BETHESDA	MD	20824					

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)

	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) SCALISE LEADERSHIP FUND 2024							
	(b) Address (number and street)							
	320 1ST ST SE							
-	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
	I hereby authorize the following named committee, which is NO candidacy. NOTE : This designation should be filed with the prin			of my				
-	(a) Name of Committee (in full)							
	GROW THE MAJORITY NY							
	(b) Address (number and street) 228 S WASHINGTON ST STE 115							
-	(c) City, State, and ZIP Code							
	ALEXANDRIA	VA	22314					
	I hereby authorize the following named committee, which is NO candidacy. NOTE : This designation should be filed with the prin			of my				
	(a) Name of Committee (in full) GROW THE MAJORITY							
-	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115							
-	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115 (c) City, State, and ZIP Code		00044					
-	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115	VA	22314					
8.	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115 (c) City, State, and ZIP Code	VA T my principal campaign	committee, to receive and expend funds on behalf	of my				
8.	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115 (c) City, State, and ZIP Code Alexandria	VA T my principal campaign	committee, to receive and expend funds on behalf	of my				
8.	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115 (c) City, State, and ZIP Code Alexandria I hereby authorize the following named committee, which is NO candidacy. NOTE: This designation should be filed with the prince	VA T my principal campaign	committee, to receive and expend funds on behalf	of my				
8.	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115 (c) City, State, and ZIP Code Alexandria I hereby authorize the following named committee, which is NO candidacy. NOTE: This designation should be filed with the print (a) Name of Committee (in full)	VA T my principal campaign	committee, to receive and expend funds on behalf	of my				
8.	GROW THE MAJORITY (b) Address (number and street) 228 S Washington St. Ste 115 (c) City, State, and ZIP Code Alexandria I hereby authorize the following named committee, which is NO candidacy. NOTE: This designation should be filed with the prin (a) Name of Committee (in full) EMMER MAJORITY BUILDERS (b) Address (number and street)	VA T my principal campaign	committee, to receive and expend funds on behalf	of my				

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Optional Supplemental Page for Designation of Additional Authorized Committees

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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)							
	PFRIENDS OF PFLUGER							
	(b) Address (number and street)							
	PO BOX 30844							
	(c) City, State, and ZIP Code							
	BETHESDA	MD	20824					
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)			_				
	AMERICAN BATTLEGROUND FUND)						
	(b) Address (number and street) PO BOX 30844			_				
	(c) City, State, and ZIP Code			_				
	BETHESDA	MD	20824					
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)							
	SCOTT FRANKLIN WINGMAN FUND							
	(b) Address (number and street) P.O. BOX 2811			_				
	(b) Address (number and street)			_				
	(b) Address (number and street) P.O. BOX 2811	FL	33806	_				
8.	(b) Address (number and street) P.O. BOX 2811 (c) City, State, and ZIP Code	FL NOT my principal campaign c	ommittee, to receive and expend funds on behalf of m	y				
8.	(b) Address (number and street) P.O. BOX 2811 (c) City, State, and ZIP Code LAKELAND I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the	FL NOT my principal campaign c	ommittee, to receive and expend funds on behalf of m	y 				