FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LANGWORTHY FOR CONGRESS

ADDRESS (number and street) ☐ ◀ (Check if address is changed)

PO BOX 120

CLARENCE — CITY ▲

NY — STATE ▲

14031 – ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ ◀ (Check if address is changed)

LANGWORTHY@BROGHAMERLLC.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◀ (Check if address is changed)

WWW.NICKLANGWORTHY.COM

2. DATE M M 01 / D D 09 / Y Y Y Y 2024

3. FEC IDENTIFICATION NUMBER ▶ C C00817932

4. IS THIS STATEMENT ☐ NEW (N) **OR** ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BROGHAMER, KEVIN, , ,

Signature of Treasurer BROGHAMER, KEVIN, , , Date M M 01 / D D 09 / Y Y Y Y 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

5. TYPE OF COMMITTEE:

Candidate Committee:

(a) [X] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: LANGWORTHY, NICK, , ,

Candidate Party Affiliation: REP

Office Sought: [X] House [ ] Senate [ ] President

State: NY

District: 23

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g) [ ] This committee is an independent expenditure-only political committee (Super PAC).

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

(h) [ ] This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

[ ] In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. C

2. C

Write or Type Committee Name

LANGWORTHY FOR CONGRESS

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

LANGWORTHY CONGRESSIONAL VICTORY COMMITTEE

Mailing Address PO BOX 120

CLARENCE NY 14031 –

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name BROGHAMER, KEVIN, , ,

Mailing Address PO BOX 120

CLARENCE NY 14031 –

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number – –

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer BROGHAMER, KEVIN, , ,

Mailing Address PO BOX 120

CLARENCE NY 14031 –

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number – –

Full Name of Designated Agent: BROGHAMER, KEVIN, , ,

Mailing Address: PO BOX 120

CITY ▲: CLARENCE STATE ▲: NY ZIP CODE ▲: 14031 –

Title or Position ▼: TREASURER

Telephone number: – –

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.: CHAIN BRIDGE BANK NA

Mailing Address: 1445-A LAUGHLIN AVE

CITY ▲: MCLEAN STATE ▲: VA ZIP CODE ▲: 22101 –

Name of Bank, Depository, etc.: WELLS FARGO BANK

Mailing Address: 8302 WOODMONT AVE

CITY ▲: BETHESDA STATE ▲: MD ZIP CODE ▲: 20814 –

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

Mailing Address: PO BOX 30844

BETHESDA (CITY ▲) MD (STATE ▲) 20824 – (ZIP CODE ▲)

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number – –

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

GROW THE MAJORITY NY

Mailing Address 228 S WASHINGTON ST STE 115

ALEXANDRIA (CITY ▲) VA (STATE ▲) 22314 – (ZIP CODE ▲)

Relationship:

- ☐ Connected Organization
- ☐ Affiliated Committee
- ☒ Joint Fundraising Representative
- ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number – –

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲