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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Mast, Brian, , ,

(b) Address (number and street) ☐ Check if address changed
PO Box 3016

2. Candidate's FEC Identification Number
H6FL18097

(c) City, State, and ZIP Code
Stuart FL 34995

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
House

6. State & District of Candidate
FL 21

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Mast for Congress

(b) Address (number and street)
PO Box 3016

(c) City, State, and ZIP Code
Stuart FL 34995

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)
MAST VICTORY COMMITTEE

(b) Address (number and street)
824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code
ATHENS GA 30605

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**
Mast, Brian, , ,	08/28/2026

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 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)

HISPANIC LEADERSHIP TRUST PARTNERSHIP

(b) Address (number and street)

1005 CONGRESS AVE
STE 400

(c) City, State, and ZIP Code

AUSTIN TX 78701

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)

TRANSPORTATION TRUST FUND

(b) Address (number and street)

502 6TH STREET

(c) City, State, and ZIP Code

HUDSON WI 54016

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)

SUCCESS FOR THE FUTURE FUND

(b) Address (number and street)

824 S MILLEDGE AVE STE 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.

(a) Name of Committee (in full)

KEEP AMERICA MOVING COMMITTEE

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS GA 30605