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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
DILORENZO, ANTHONY, , ,

(b) Address (number and street) ☐ Check if address changed
PO BOX 4098
955 GOFFS FALLS ROAD

2. Candidate's FEC Identification Number
H6NH01420

(c) City, State, and ZIP Code
MANCHESTER NH 03103-4098

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

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
REPUBLICAN PARTY	House	NH 01

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)
ANTHONY DILORENZO FOR CONGRESS

(b) Address (number and street)
PO BOX 4098
955 GOFFS FALLS ROAD

(c) City, State, and ZIP Code
MANCHESTER NH 03103-4098

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)
MAGA MAJORITY FUND

(b) Address (number and street)
228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code
ALEXANDRIA VA 22314

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
DILORENZO, ANTHONY, , ,	07/28/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.