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FEC FORM 2

STATEMENT OF CANDIDACY

1 (a) Name	e of Candidate (in fu	щν									
` '	ford, Steven, Alexa	,									
(b) Addre	ddress (number and street)				Candidate's FEC Identification Number H2NV04011						
(c) City. S	State, and ZIP Code	9					3. Is This		W		Amended
	Vegas			N۱	/ 8903	3	Staten			×	
4. Party Affi	liation		5. Office Soug	jht		6. State & Dis	strict of Candi	date			
DEMOC	RATIC PARTY		House			NV	04				
		DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	и сомм	ITTEE			
7. I hereby	designate the follow	ving nan	ned political co	mmittee as m	ny Principal (Campaign Com	mittee for the	year of elect		ion(s).	
NOTE: T	his designation sho	uld be fi	led with the ap	propriate offi	ce listed in th	ne instructions.					
(a) Name	e of Committee (in f	ull)									
NE	VADANS FO	OR S	TEVEN H	ORSFO	RD						
(b) Addre	ess (number and str	reet)									
РО	BOX 336664										
(c) City, S	State, and ZIP Code	9									
NO	RTH LAS VEGAS					NV	89033	3			
		DE	CICNIATIO	N OF OT	LIED ALIS	FUODIZED	CONANAIT	TEEC			
		DE				FHORIZED g Representativ		IEE5			
			•			- '	·				
8. I hereby candidad	authorize the follow y.	ing nam	ed committee,	which is NO	T my principa	al campaign co	mmittee, to re	eceive and exp	end funds	s on be	ehalf of my
NOTE: T	his designation sho	uld be fi	led with the pri	incipal campa	aign committe	ee.					
(a) Name	e of Committee (in f	ull)									
НС	ORSFORD V	'ICTC	RY FUN	D 2024							
` '	ess (number and str	,									
#336	6664										
(c) City, S	State, and ZIP Code	Э									
NOI	RTH LAS VEGAS					NV	89033	3			
	I certify that I h	ave exal	mined this Stat	tement and to	the best of	my knowledge	and belief it is	s true, correct a	and comp	lete.	
Signature	of Candidate						Date		·		
Horsford, Steven, Alexzander, ,				12/05/2024							
NOTE: Subr	mission of false, err	oneous,	or incomplete	information n	nay subject t	he person signi	ing this Stater	ment to penalti	es 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

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	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)							
	SEEC VICTORY FUND							
	(b) Address (number and street)							
	PO BOX 15320							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my princi	pal campaign c	ommittee, to receive and expend funds on behalf of my					
	candidacy. $\ensuremath{\mathbf{NOTE}}$: This designation should be filed with the principal camp	aign committee	2 .					
	(a) Name of Committee (in full)							
	HOUSE VICTORY PROJECT 2022							
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my princic candidacy. NOTE: This designation should be filed with the principal camp (a) Name of Committee (in full) Democracy Summer 2024							
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE							
	#15180							
	(c) City, State, and ZIP Code	DO.	00000					
	Washington	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE : This designation should be filed with the principal camp							
	(a) Name of Committee (in full)							
	GOTTHEIMER HORSFORD VICTORY FUND							
	(b) Address (number and street) 122 C ST NW STE 360							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20001					

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)

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)
	Blue to the Future 2024
	(b) Address (number and street) 430 SOUTH CAPITOL STREET SE 2ND FLOOR
	(c) City, State, and ZIP Code WASHINGTON DC 20003
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
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