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FEC FORM 2

STATEMENT OF CANDIDACY

Amended (A)								
lf of my								
NOTE: This designation should be filed with the principal campaign committee.								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
70								
7g.								
(b) Address (number and street) PO BOX 120 (c) City, State, and ZIP Code CLARENCE NY 14031 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 m candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) LANGWORTHY CONGRESSIONAL VICTORY COMMITTEE (b) Address (number and street) PO BOX 120 (c) City, State, and ZIP Code CLARENCE NY 14031 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 LANGWORTHY, NICK, , 12/03/2024								

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.	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) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST						
	(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)						
	GT FARM TEAM 2024						
	(b) Address (number and street) PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	ID	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) GROW THE MAJORITY NY (b) Address (number and street)							
	228 S WASHINGTON ST STE 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	۸ 2	22314				
8.	8. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign (a) Name of Committee (in full)	committee.	nmittee, to receive and expend funds on behalf of my				
	LANGWORTHY MOLINARO VICTORY COMMITT	EE					
	(b) Address (number and street) 228 S WASHINGTON ST. STE. 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA V.	A	22314				

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) New Yorkers for Common Sense						
	(b) Address (number and street)						
	228 S Washington St. Ste. 115						
	(c) City, State, and ZIP Code						
	Alexandria VA 22314						
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.	у					
	(a) Name of Committee (in full)	_					
	(b) Address (number and street)	_					
	(c) City, State, and ZIP Code	_					
 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.	у					
	(a) Name of Committee (in full)	_					
	(b) Address (number and street)	_					
	(c) City, State, and ZIP Code	_					