FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 5

1. (a) Name of Candidate (in full)				
Lawler, Michael, Vincent, , (b) Address (number and street)	Check if address	s changed	2. Candidate's FEC Identification	Number
PO Box 87		-	H2NY17162	
(c) City, State, and ZIP Code	NIX	10590	3. Is This New Statement (N) OR	× Amended (A)
South Salem 4. Party Affiliation	5. Office Sought		Statement (N) OR District of Candidate	(A)
REPUBLICAN PARTY	House	NY	17	
DE	SIGNATION OF PRI		GN COMMITTEE	
7. I hereby designate the following nar	ned political committee as my	Principal Campaign C	ommittee for the 2026 elec	tion(s).
NOTE: This designation should be f	iled with the appropriate office	e listed in the instruction		
(a) Name of Committee (in full)				
Lawler for Congress				
(b) Address (number and street)				
PO Box 87				
(c) City, State, and ZIP Code				
South Salem		NY	10590	
 8. I hereby authorize the following name candidacy. NOTE: This designation should be for the following for the following name for the			committee, to receive and expend func	is on behalf of my
(a) Name of Committee (in full)				
Lawler Victory Func	1			
(b) Address (number and street) PO Box 87				
(c) City, State, and ZIP Code				
South Salem				
		NY	10590	
l certify that I have exa	mined this Statement and to t		10590 ge and belief it is true, correct and comp	olete.
I certify that I have exa Signature of Candidate	mined this Statement and to t			plete.
	mined this Statement and to t		ge and belief it is true, correct and comp	olete.
Signature of Candidate		he best of my knowled	ge and belief it is true, correct and comp Date 11/16/2024	
Signature of Candidate Lawler, Michael, Vincent, ,		he best of my knowled	ge and belief it is true, correct and comp Date 11/16/2024	

FEC FORM 2 (REV. 02/2009)

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)			
NRCC NEW YORK VICTORY			
(b) Address (number and street)			
228 S. WASHINGTON STREET			
SUITE 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.

(a) Name of Committee (in full)		
SCOTT FRANKLIN WINGMAN FUND		
(b) Address (number and street)		
P.O. BOX 2811		
(c) City, State, and ZIP Code		
		22222
LAKELAND	FL	33806

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)		
PROTECT THE HOUSE 2024		
(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)

 NEW YORK MAJORITY MAKERS

 (b) Address (number and street)

 PO BOX 183

 (c) City, State, and ZIP Code

 HUDSON
 WI

 54016

Image# 202411169719987896

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)			
PROTECT THE HO	JSE NEW YORK 2024		
(b) Address (number and street)			
PO BOX 30844			
(c) City, State, and ZIP Code			
BETHESDA		MD	20824
, ,	ned committee, which is NOT my princ should be filed with the principal camp		ommittee, to receive and expend funds on behalf of my
(a) Name of Committee (in full)			
SCALISE LEADERS	HP FUND 2024		
(b) Address (number and street)			
320 1ST ST SE			

- (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)		
AMERICAN BATTLEGROUND FUND		
(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)

GROW THE MAJORITY NY

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

(c) City, State, and ZIP Code

ALEXANDRIA

22

VA

22314

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.

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.

(a) Name of Committee (in full)		
EMMER MAJORITY BUILDERS		
(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)		
JKLC VICTORY 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)

HUDSON VALLEY MAJORITY MAKERS

(b) Address (number and street) PO BOX 87

(c) City, State, and ZIP Code

SOUTH SALEM

10590

NY

Image# 202411169719987898

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)			
GROWING THE MAJORITY THROUGH NY			
(b) Address (number and street)			
1305 W 11TH ST			
213			
(c) City, State, and ZIP Code			
HOUSTON	ТХ	77008	

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)		
NY VICTORY FUND 2024		
(b) Address (number and street)		
320 FIRST STREET SE		
(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)		
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.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code