FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
    DICKSON, GARY, A, ,

(b) Address (number and street) 543 UNION RD	☐ Check if address changed	2. Candidate's FEC Identification Number H4NY26102

(c) City, State, and ZIP Code
WEST SENECA   NY   14224

3. Is This Statement [X] New (N)   **OR**   ☐ Amended (A)

4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NY 26

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ___2024___ election(s).
    (year of election)

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

(a) Name of Committee (in full)

GARY DICKSON FOR CONGRESS

(b) Address (number and street)

42 DEERCHASE RD

(c) City, State, and ZIP Code

WEST SENECA   NY   14224

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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**
DICKSON, GARY, A, ,	02/22/2024

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 2 (REV. 02/2009)

: 97 ˙A=G7 9 @@5 B9 CI G˙H9 LH˙F9 @5 H98 ˙HC ˙5 ˙F9 DCFH˙G7 < 98 I @9 ˙CF ˙+H9 A =N5 H=CB

Form/Schedule: F2N
Transaction ID :

2024 Special Election.

Form/Schedule:
Transaction ID: