

Image# 201710139075646011

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ZELDIN, LEE, M, ,			2. Candidate's FEC Identification Number H8NY01148	
(b) Address (number and street) PO Box 610		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Shirley NY 11967		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation Rep	5. Office Sought House	6. State & District of Candidate NY 01		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) Zeldin For Congress		
(b) Address (number and street) 47 Flintlock Drive		
(c) City, State, and ZIP Code Shirley NY 11967		

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 ZELDIN, LEE, M, , <i>[Electronically Filed]</i>	Date 10/13/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Martins Zeldin Victory Fund

(b) Address (number and street)

47 Flintlock Drive

(c) City, State, and ZIP Code

Shirley

NY

11967

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 GOP VICTORY COMMITTEE

(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)

East End Committee

(b) Address (number and street)

824 S Milledge Avenue 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)

ROYCE ZELDIN VICTORY FUND

(b) Address (number and street)

47 FLINTLOCK DRIVE

(c) City, State, and ZIP Code

SHIRLEY

NY

11967

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
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(a) Name of Committee (in full)

PATRIOT VICTORY 2016

(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)

COMMITTEE TO PROTECT PROSPERITY AND FREE ENTERPRISE 2017

(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)

(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