For help completing Form 2, please double-click the (**)) icon next to each line number.

FEC FORM 2 STATEMENT OF CANDIDACY

|) = | (a) Name of Candidate (in full) Domenic M. Recchia, | Jr. | | | | | | | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------|------------------------------|------------|-----------|-------|
| | (b) Address (number and street) 498 Avenue Y | · · · · · · · · · · · · · · · · · · · | Check if address change | d ■ ()) | 2. Identification | Number | | | |
| <u> </u> | (c) City, State, and ZIP Code Brooklyn, NY 11223 | | | 4)) | 3. Is This Statement | New (N) | OR [| Am (A) | ended |
| 4. | Party Affiliation Demoorat | 5. Office S U.S. Ho | Sought ouse of Representatives | | rict of Candidate k, 11th Distric | ct | | 201 | |
| 7. | I hereby designate the following r | named politica | | l Campaign Comn | mittee for the | EE 2014 ar of election | election(s | 3FEB 28 | RECE |
| _ | NOTE: This designation should b (a) Name of Committee (in full) | e tilea with th | ne appropriate office listed in | the instructions. | | | Ē_ | | 1 1 1 |
| | Recchia for Con | gress | | | | | CEN | = | 177 |
| _ | (b) Address (number and street) | | | | | | [-1-] | ω | |
| | 172 Gravesend | Neck F | Rd | | | | 7 0 | : | _ |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Dan alaban NIX 44 | | | | | | | | |
|) 8. | Brooklyn, NY 11 I hereby authorize the following n candidacy. | ESIGNA | TION OF OTHER AU (Including Joint Fundrais (Itee, which is NOT my princ | ing Representative | es) | | d funds on | behalf o | f my |
| 8. | I hereby authorize the following n candidacy. NOTE: This designation should b | BESIGNAT | (Including Joint Fundrais ittee, which is NOT my princ | ing Representativo | es) | | d funds on | behalf o | f my |
|) 8. | I hereby authorize the following n candidacy. | BESIGNAT | (Including Joint Fundrais ittee, which is NOT my princ | ing Representativo | es) | | d funds on | behalf o | f my |
| 8. | I hereby authorize the following n candidacy. NOTE: This designation should b | BESIGNAT | (Including Joint Fundrais ittee, which is NOT my princ | ing Representativo | es) | | d funds on | behalf o | f my |
| | I hereby authorize the following n candidacy. NOTE: This designation should b (a) Name of Committee (in full) | BESIGNAT | (Including Joint Fundrais ittee, which is NOT my princ | ing Representativo | es) | | d funds on | behalf o | f my |
| | I hereby authorize the following in candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code | ESIGNATE AMEND AND ADMINISTRATION OF THE PROPERTY OF THE PROPE | (Including Joint Fundrais ittee, which is NOT my princ | ing Representative | es) nmittee, to receiv | e and expend | | behalf o | f my |
| | I hereby authorize the following in candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code | ESIGNATE AMEND AND ADMINISTRATION OF THE PROPERTY OF THE PROPE | (Including Joint Fundrais ittee, which is NOT my princ ne principal campaign comm | ing Representative | es) nmittee, to receiv | e and expend | complete. | behalf o | f my |
| si | I hereby authorize the following in candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code | amed commine filed with the | (Including Joint Fundrais ittee, which is NOT my principe principal campaign commissions) | ing Representative ipal campaign conditions ittee. | nmittee, to receive | e and expend | complete. | | f my |
| si | I hereby authorize the following in candidacy. NOTE: This designation should b (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have estimated the street of Candidate | amed commine filed with the | (Including Joint Fundrais ittee, which is NOT my principe principal campaign commissions) | ing Representative ipal campaign conditions ittee. | nmittee, to receive | e and expend | complete. | | f my |

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| Overnight Delivery Service (Specify): FECLEY | Shipping Date |
| Next | Business Day Delivery 2 |
| Received from House Records & Registration Off | Date of Receipt ice |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | Date of Receipt or Postmarked |
| 4mp | 2/28/13 |
| PREPARER (3/2005) | DATE PREPARED |