

Image# 10931344061

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Nan Hayworth

(b) Address (number and street)

51 Gleneida Avenue

(c) City, State and ZIP Code

Carmel

NY

10512

Check if address changed

2. Identification Number

HONY19139

3. Is This Statement New (N) **OR** Amended (A)

4. Party Affiliation

REPUBLICAN PARTY

5. Office Sought

House

6. State & District of Candidate

NY 19

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)

Friends of Nan Hayworth

(b) Address (number and street)

51 Gleneida Avenue

(c) City, State and ZIP Code

Carmel

NY

10512

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)

U S House Victory Committee 2010

(b) Address (number and street)

228 S. Washington St., Ste. 115

(c) City, State and ZIP Code

Alexandria

VA

22314

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

Nan Hayworth

Date

09/22/2010

NOTE:Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.

--	--	--	--	--	--	--	--	--

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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-19 Congressional Victory Committee

(b) Address (number and street)

264 N. Lumpkin Street, #202

(c) City, State and ZIP Code

Athens

30601

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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 House Victory Fund

(b) Address (number and street)

228 S. Washington Street, #115

(c) City, State and ZIP Code

Alexandria

22314