FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
_	Kuster, Ann McLane, , ,									
	(b) Address (number and street) PO Box 1498	☐ Check if address changed		Candidate's FEC Identification Number H0NH02181						
	(c) City, State, and ZIP Code					3. Is This No				
	Concord		NH	1 0330	2	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate				
	DEMOCRATIC PARTY	House			NH	02				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	Kuster for Congress	s, Inc.								
	(b) Address (number and street) PO Box 1498									
	(c) City, State, and ZIP Code									
	Concord				NH	03302				
8.	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) Annie Kuster Victory	y Fund								
	(b) Address (number and street) 1 Park Row, 5th Fl									
	(c) City, State, and ZIP Code									
	Providence				RI	02903				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
Kı	uster, Anne, McLane, ,			[Elec	tronically Filed]	01/16/2018				
NC	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)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)										
	Nadler Victory Fund										
	(b) Address (number and street) 200 West 79th Street #8N										
	(c) City, State, and ZIP Code										
	New York	NY	10024								
8.	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)	(a) Name of Committee (in full)									
	2018 Frontline Women Take Back the House										
	(b) Address (number and street) 24 East 93rd Street										
	(c) City, State, and ZIP Code										
	New York	NY	10128								
8.	candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full) (b) Address (number and street)										
	(c) City, State, and ZIP Code										
8.	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										