FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Keith, James, Felton, ,						
	(b) Address (number and street) 550 Lenox Ave. 5K	☐ Check if address changed				Candidate's FEC Identification Number H0NY13124	
	(c) City, State, and ZIP Code					3. Is This New Amended	
	New York		N	/ 1003	37	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate	
	DEMOCRATIC PARTY	House			NY	13	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	COMMITTEE	
7.	I hereby designate the following nar	(year of election) s designation should be filed with the appropriate office listed in the instructions. of Committee (in full)					
		filed with the ap	propriate offi	ce listed in t	he instructions.		
	(a) Name of Committee (in full) JFK ORGANIZERS						
	(b) Address (number and street) P.O. BOX #1082						
	(c) City, State, and ZIP Code						
	NEW YORK				NY	10037	
	NEW TOTAL						
0		(1	ncluding Joir	nt Fundraisir	ng Representative	es)	
0.	candidacy.	nea committee,	WINCIT IS INO	т тту рттогр	ai campaign con	infiltee, to receive and expend funds on behalf of my	
	NOTE: This designation should be f	filed with the pri	ncipal campa	aign commit	ee.		
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
		nmined this Stat	ement and to	the best of	my knowledge a	nd belief it is true, correct and complete.	
Si	gnature of Candidate					Date	
K	(year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) JFK ORGANIZERS (b) Address (number and street) P.O. BOX #1082 (c) City, State, and ZIP Code NEW YORK NY 10037 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (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) (b) Address (number and street) (c) City, State, and ZIP Code						
					ironicany 1 near		
NO	OTE: Submission of false, erroneous,	, or incomplete	information n		·	ng this Statement to penalties of 2 U.S.C. §437g.	
NO	DTE: Submission of false, erroneous,	, or incomplete	information n		·	ng this Statement to penalties of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)