

Image# 201904019145974758

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Sherrill, Mikie, , ,		
(b) Address (number and street) P.O. Box 43032		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Montclair NJ 07043		2. Candidate's FEC Identification Number H8NJ11142
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House	6. State & District of Candidate NJ 11	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Mikie Sherrill for Congress		
(b) Address (number and street) PO Box 43032		
(c) City, State, and ZIP Code Montclair NJ 07043		

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) Serve America Victory Fund		
(b) Address (number and street) PO Box 2013		
(c) City, State, and ZIP Code Salem MA 01970		

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 Sherrill, Mikie, , , [Electronically Filed]	Date 04/01/2019
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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 CommitteesPage 2 of 2

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)

House Victory Project

(b) Address (number and street)

918 Pennsylvania Ave 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)

Service First Women's Victory Fund

(b) Address (number and street)

PO Box 9

(c) City, State, and ZIP Code

Lexington

KY

40588

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