

Image# 201811169133688960

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Rice, Kathleen, , ,			2. Candidate's FEC Identification Number H4NY04075	
(b) Address (number and street) PO Box 744		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Mineola NY 11501		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 04		

### 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) Kathleen Rice for Congress		
(b) Address (number and street) PO Box 744		
(c) City, State, and ZIP Code Mineola NY 11501		

### 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) Rice Victory Fund		
(b) Address (number and street) PO Box 744		
(c) City, State, and ZIP Code Mineola NY 11501		

*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 Rice, Kathleen, , ,  <i>[Electronically Filed]</i>	Date 11/16/2018
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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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