FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)					
Zimmerman, Robert, , ,			-1		
(b) Address (number and street) P.O. Box 220363			2. Candidate's FEC Identification Number H2NY03188		
(c) City, State, and ZIP Code				3. Is This	New Amended
Great Neck		NY 110	22	Statement X	(N) OR (A)
4. Party Affiliation	5. Office Sought		6. State & Dist	rict of Candidate	
DEMOCRATIC PARTY	House		NY	03	
DE	SIGNATION OF	PRINCIPA	L CAMPAIGN		
7. I hereby designate the following nar	ned political committee	as my Principa	I Campaign Comn	nittee for the 2022 (year of e	election(s).
NOTE: This designation should be f	iled with the appropriat	e office listed in	the instructions.		
(a) Name of Committee (in full)					
Zimmerman for Con	gress				
(b) Address (number and street) P.O. Box 220363					
(c) City, State, and ZIP Code					
Great Neck			NY	11022	
DE	SIGNATION OF		ITHORIZED	COMMITTEES	
			ing Representative		
		-			
 I hereby authorize the following nan candidacy. 	ned committee, which is	s NOT my princ	ipal campaign con	nmittee, to receive and	expend funds on behalf of my
NOTE: This designation should be f	iled with the principal c	ampaign comm	ttee.		
(a) Name of Committee (in full)					
(b) Address (number and street)					
(c) City, State, and ZIP Code					
I certify that I have exa	mined this Statement a	and to the best o	of my knowledge a	and belief it is true, corr	ect and complete.
Signature of Candidate				Date	
Zimmerman, Robert, , ,				01/18/2022	
		[Ele	ctronically Filed]	01/10/2022	
NOTE: Submission of false, erroneous	, or incomplete informat	tion may subjec	t the person signir	ng this Statement to pe	nalties of 2 U.S.C. §437g.