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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1   | (a) Name of Candidate (in full)   |                  |               |               |                 |   |  |
|---|---|------------------|---------------|---------------|-----------------|---|--|
| ٠.  | Pokharel, Adrian, , ,   |                  |               |               |                 |   |  |
|   | (b) Address (number and street)<br>8835 Calbera Court   | □Ch              | eck if addres | ss changed    |                 | Candidate's FEC Identification Number     H4VA10295 |  |
|   | (c) City, State, and ZIP Code   |                  |               |               |                 | 3. Is This New Amended                              |  |
|   | Gainesville   |                  | VA            | 2015          | 5               | Statement (N) OR X (A)                              |  |
| 4.  | Party Affiliation   | 5. Office Sough  | nt            |               | 6. State & Dist | trict of Candidate                                  |  |
|   | Dem   | House            |               |               | VA              | 10  |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                  |               |               |                 |   |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) |                  |               |               |                 |   |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |                  |               |               |                 |   |  |
|   | (a) Name of Committee (in full)   |                  |               |               |                 |   |  |
| ADRIAN POKHAREL FOR U.S. CONGRESS   |   |                  |               |               |                 |   |  |
|   | (b) Address (number and street)   |                  |               |               |                 |   |  |
|   | 8835 CALBERA COURT  |                  |               |               |                 |   |  |
|   | (c) City, State, and ZIP Code   |                  |               |               |                 |   |  |
|   | GAINESVILLE   |                  |               |               | VA              | 20155   |  |
|   |   |                  |               |               |                 |   |  |
|   | DE  | CICNATION        |               | IED ALI       |                 | COMMITTEES  |  |
| 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)   |   |                  |               |               |                 |   |  |
|   |   |                  |               |               |                 |   |  |
|   |   |                  |               |               |                 |   |  |
|   | (b) Address (number and street)   |                  |               |               |                 |   |  |
|   |   |                  |               |               |                 |   |  |
| _   | (c) City, State, and ZIP Code   |                  |               |               |                 |   |  |
|   | (0) 011), 01010, 0110 211 0000  |                  |               |               |                 |   |  |
|   |   |                  |               |               |                 |   |  |
|   |   |                  |               |               |                 |   |  |
| _   | I cortify that I have eve   | mined this State | ement and to  | the hest of   | my knowledge s  | and haliaf it is true, correct and complete         |  |
| _   | ·   | mined this State | ement and to  | the best of i | my knowledge a  | and belief it is true, correct and complete.        |  |
| Si  | I certify that I have exa   | mined this State | ement and to  | the best of i | my knowledge a  | and belief it is true, correct and complete.  Date  |  |
|   | ·   | mined this State | ement and to  | the best of I | my knowledge a  |   |  |
|   | gnature of Candidate  | mined this State | ement and to  | the best of I | my knowledge a  | Date  |  |
| G   | ignature of Candidate   |                  |               |               |                 | Date  |  |
| G   | ignature of Candidate   |                  |               |               |                 | Date  |  |
| G   | ignature of Candidate   |                  |               |               |                 | Date  |  |

FEC FORM 2 (REV. 02/2009)