FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1.	(a) Name of Candidate (in full)						_	
	Goldman, Daniel, , ,		ok if oddre -	- oborge -		2. Condidata's EEC Identification Number		
	(b) Address (number and street) PO BOX 3306) Check if address changed				2. Candidate's FEC Identification Number H2NY10308		
	(c) City, State, and ZIP Code			4000	•	3. Is This New Amended Statement (N) OR (A)		
	New York		NY	1000				
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Sought House			6. State & Dist NY	trict of Candidate 10		
	DE	SIGNATION			CAMPAIG	N COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2024</u> 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)						_	
	Dan Goldman for Ne	w York						
	(b) Address (number and street)						_	
	PO BOX 3306							
	(c) City, State, and ZIP Code							
	New York				NY	10008		
8.	candidacy. NOTE: This designation should be f					mmittee, to receive and expend funds on behalf of my		
	(a) Name of Committee (in full)							
	Dan Goldman Victo	ry Fund						
	(b) Address (number and street) PO BOX 65322							
	(c) City, State, and ZIP Code						_	
	Washington				DC	20035		
	I certify that I have exa	mined this Stater	nent and to t	he best of	my knowledge a	and belief it is true, correct and complete.	-	
Si	gnature of Candidate					Date	<u>.</u>	
G	oldman, Daniel, , ,					04/23/2024		
N	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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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized 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)				
Schiff Goldman Victory Fund				
(b) Address (number and street)				
PO BOX 65322				
(c) City, State, and ZIP Code				
Washington	DC	20035		

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)
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(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