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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Mark-Viverito, Melissa, , ,					100 111		
	(b) Address (number and street) 211 East 111 Street	☐ Check if address changed				Candidate's FEC Identification Number     H0NY15244		
	(c) City, State, and ZIP Code						ew Amended	
	New York		N)	/ 1002		Statement X (N	N) OR (A)	
4.	Party Affiliation	5. Office Soug	ıht			rict of Candidate		
	DEMOCRATIC PARTY	House			NY	15		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Melissa Mark-Viverito for the Bronx								
_	(b) Address (number and street)							
	32 Court Street							
	Suite 2109							
	(c) City, State, and ZIP Code							
	Brooklyn				NY	11201		
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								
	I certify that I have exa	mined this Stat	tement and to	the best of	my knowledge a	nd belief it is true, correct	t and complete.	
Signature of Candidate Date								
M	ark-Viverito, Melissa, , ,	[Electronically Filed]				08/07/2019		
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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