FEC FORM 2 STATEMENT OF CANDIDACY



						7	URFER L	3 AM 11:	<u>51 </u>		
1. (a) Name	of Candidate	(in full)	•								
			HORI	\vee							
(b) Addre	ss (number a	nd street)	HORM	Check if addre	ess changed		2. FEC Ca	andidate Ident	ification Num	ber	
//:	2 CAN	E BRI	OCK PK	uv							
(c) City 9	State and ZIP	Code		•			3. Is Thi		ew	<u> </u>	Amended
	mm IT	NJ	079	01			State	ment 🎽 (N	N) OR.	LJ (A)
4. Party Affi	liation	r*	5. Office Sou	ght		6. State & Dis	strict of Candi	date			
	DEM		5. Office Sou	MATE	-	Λ	15				
		following nan	ned political c	ommittee as r	RINCIPAL my Principal C ice listed in th	ampaign Com	nmittee for the			ı(s).	
										· · · · · · ·	
(a) Name	of Committee	e (in full)									
	HOR	N FO	R SE.	NATE							
(b) Addre	ss (number a	nd street)									
(c) City, S	11 2 State, and ZIP	Canoe Code	Bro	ok f	Kny		·				
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	S	ommit	NJ	0790	?/	,					
candidac	y.	ollowing nam	ed committee	(Including Joi	THER AUT nt Fundraising T my principa aign committe	Representati	ves)		pend funds o	n beha	If of my
(a) Name	of Committee	(in full)									
(b) Addre	ss (number ar	nd street)									
(c) City, S	tate, and ZIP	Code									
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	I certify tha	nt I have exam	nined this Stat	ement and to	the best of m	y knowledge	and belief it is	s true, correct	and complet	e.	
Signature of	Candidate						Date		·		
	/	Alth	٦				1,	130/18			
NOTE: Subn	nission of false	e, erroneous,	or incomplete	information r	may subject th	e person sign	ing this State	ment to penal	ties of 52 U.S	s.C. §30	0109.
							:				

FEC Form 2S (Revised 02/2017)

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Optional Supplemental Page for Designation of Additional Authorized Committees

Page	of	

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						
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.						
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	(b) Address (number and street)						
	(c) City, State, and ZIP Code						

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DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

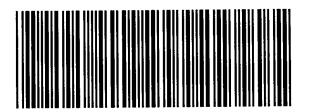
OFFICE OF THE SECRETARY

THE PRECEDING DOCUMENT WAS:

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WASHINGTION, DC 20510-7116 .
PHONE(202) 224-0322

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