

Image# 201904129146103129

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Frankel, Amanda, Pearl, ,		2. Candidate's FEC Identification Number HONY10062
(b) Address (number and street) <input type="checkbox"/> Check if address changed 514 Ocean Parkway Apt 4M		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Brooklyn NY 11218		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 10

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Amanda Frankel for Congress	
(b) Address (number and street) 348 Coney Island Avenue #013	
(c) City, State, and ZIP Code Brooklyn NY 11218	

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 examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Frankel, Amanda, Pearl, , <i>[Electronically Filed]</i>	Date 04/12/2019
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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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