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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Na	me of Candidate (in full)										
Ste	eve J. Israel											
	(b) Address (number and street) P.O. Box 1400				Check if address changed			Candidate's FEC Identification Number H0NY02085				
(c) City, State, and ZIP Code							3. Is This New Amended					
Melville				NY 11747			Staten	,	OR	×	(A)	
			5. Office Soug				trict of Candidate					
DEMO	OCRATIC PARTY	′	House			NY	03					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE												
7. I hereb	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)											
NOTE: This designation should be filed with the appropriate office listed in the instructions.												
(a) Name of Committee (in full)												
Steve Israel for Congress Committee												
(b) Address (number and street) P.O. Box 1400												
(c) City	, State, and ZIP C	ode										
Melville						NY	11747	7				
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) Israel-Nadler Victory Fund												
(b) Address (number and street) 700 13th Street, NW												
Su	ite 600											
(c) City	, State, and ZIP C	ode										
W	Washington DC 20005											
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							Date					
Steve J. Israel				[Electronically Filed]			08/13/2015					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												

FEC FORM 2 (REV. 02/2009)

(c) City, State and ZIP Code

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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[ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Israel Huffman Victory Fund (b) Address (number and street) 700 13th Street, NW Suite 600 (c) City, State and ZIP Code DC 20005 Washington [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) 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 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) 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)