

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MARY DEBORAH TADESHE			2. FEC Candidate Identification Number S8NY00249	
(b) Address (number and street) 85 MONROE STREET		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code BROOKLYN, NY. 11216		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation UIDP	5. Office Sought SENATE	6. State & District of Candidate NY. DISTRICT 15		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the UIDP 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) UNITED INDEPENDENT DEMOCRAT PARTY
(b) Address (number and street) 85 MONROE STREET
(c) City, State, and ZIP Code BROOKLYN, NY/ 11216

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) MARLBOROUGH ALLIANCE ASSOCIATION
(b) Address (number and street) 2459 WEST FIRST STREET
(c) City, State, and ZIP Code BROOKLYN, NY. 11223

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 JAN 29 2019
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Optional Supplemental Page for Designation
of Additional Authorized Committees**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(b) Address (number and street)

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(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)

(b) Address (number and street)

(c) City, State, and ZIP Code

Via E-Mail

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