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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)												
	Chowdhury, Shaniyat, , ,						4-1- FEO 1 1	ALC:	l				
	(b) Address (number and street) 109-52 160th St., Apt 1A	09-52 160th St., Apt 1A					2. Candidate's FEC Identification Number H0NY05070						
	(c) City, State, and ZIP Code								Amended				
	Jamaica		N	/ 1143	3	Statem	nent X (N	) OR	(A)				
4.	Party Affiliation	5. Office Soug	ght				date						
	DEMOCRATIC PARTY	House			NY	05							
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE													
7.	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 f	iled with the ap	propriate offi	ce listed in t	he instructions.	3. Is This Statement (N) OR (A)  e & District of Candidate 05  PAIGN COMMITTEE  gn Committee for the 2020 election(s). (year of election)  IX 11433  IZED COMMITTEES  sentatives)  aign committee, to receive and expend funds on behalf of my  wledge and belief it is true, correct and complete.  Date  1400 0040							
	(a) Name of Committee (in full)  Shaniyat Chowdhur	yat Chowdhury for Congress  number and street) 60th St., Apt 1A  , and ZIP Code											
	(b) Address (number and street) 109-52 160th St., Apt 1A												
_	(c) City, State, and ZIP Code												
	Jamaica				NY	11433	3						
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													
0.	3. 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													
	(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.												
	gnature of Candidate					Date							
<i>C</i> .	howdhury, Shaniyat, , ,			[Elec	tronically Filed]	04/30/20	19						
N	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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