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FEC FORM 2

STATEMENT OF CANDIDACY

=	())) () () () () () () () ()								
1.	(a) Name of Candidate (in full) Sullivan, John, , ,								
	(b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number			
	P.O. Box 332	□ Check if address changed				H6NY17197			
	(c) City, State, and ZIP Code					3. Is This New Amend	led		
	Piermont		NY	1096	8	Statement X (N) OR (A)			
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate			
	DEMOCRATIC PARTY	House			NY	17			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
John Sullivan for New York									
	(b) Address (number and street)								
	P.O. Box 332								
	(c) City, State, and ZIP Code						-		
	Piermont				NY	10968			
	DE	SIGNATIO	N OF OT	HED VII	TUODIZED	COMMITTEES			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)									
8	I hereby authorize the following par	ned committee	which is NO⁻	T my princip	al campaign co	mmittee, to receive and expend funds on behalf of m	V		
0.	candidacy.		, which is the	i my pimoip	ar campaign coi	minaco, to roceive and expend rando on bondin or in	y		
	NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	/b\								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.			
Signature of Candidate					Date				
Sullivan, John, , ,					04/22/2025				
NC	DTE: Submission of false, erroneous	, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.			
NC	OTE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.			
NO	DTE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.	_		

FEC FORM 2 (REV. 02/2009)