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## FEC FORM 2

## STATEMENT OF CANDIDACY

|                        | e of Candidate (in full)             |                            |               |                   |                   |   |                       |                 |                 |  |
|------------------------|--------------------------------------|----------------------------|---------------|-------------------|-------------------|---|-----------------------|-----------------|-----------------|--|
|                        | man, Patrick, , Mr,                  |                            |               |                   |                   | 1 " .   |                       |                 |                 |  |
|                        | ess (number and street)<br>ansing st | ☐ Check if address changed |               |                   |                   | Candidate's FEC Identification Number H4NY01113 |                       |                 |                 |  |
| (c) City, S            | State, and ZIP Code                  |                            |               |                   |                   | 3. Is This                                      |                       |                 | Amended         |  |
| Aub                    | urn                                  |                            | NY            | 1302              | 1                 | Staten  | nent 🗶 (N             | ) OR            | (A)             |  |
| 4. Party Aff           | iliation                             | 5. Office Sough            | t             |                   | 6. State & Dis    | trict of Candid                                 | date                  |                 |                 |  |
| NONE                   |                                      | House                      |               |                   | NY                | 01  |                       |                 |                 |  |
|                        | DI                                   | ESIGNATION                 | OF PR         | INCIPAL           | CAMPAIG           | N COMM  | ITTEE                 |                 |                 |  |
| 7. I hereby            | designate the following na           | med political com          | nmittee as m  | ny Principal (    | Campaign Com      | mittee for the                                  | 2024<br>(year of elec | electi<br>tion) | on(s).          |  |
|                        | his designation should be            | filed with the app         | ropriate offi | ce listed in t    | ne instructions.  |   |                       |                 |                 |  |
|                        | e of Committee (in full)             | ***                        |               |                   |                   |   |                       |                 |                 |  |
| My                     | stik Nation Com                      | nittee                     |               |                   |                   |   |                       |                 |                 |  |
|                        | ess (number and street)              |                            |               |                   |                   |   |                       |                 |                 |  |
| 1                      | ansing st                            |                            |               |                   |                   |   |                       |                 |                 |  |
| (c) City, S            | State, and ZIP Code                  |                            |               |                   |                   |   |                       |                 |                 |  |
| Aul                    | burn                                 |                            |               |                   | NY                | 13021   | 1                     |                 |                 |  |
|                        |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
|                        | DI                                   | SIGNATION                  | I OE OT       | MED VII.          | THODIZED          | COMMIT  | TEES                  |                 |                 |  |
|                        | Di                                   |                            |               | _                 | g Representativ   |   | ILLS                  |                 |                 |  |
| 0                      | authoriza tha fallaurian na          |                            | uhiah ia NO   | T mas / m min aim |                   |   |                       |                 | on babalf of my |  |
| candidad               | authorize the following nar<br>cy.   | nea committee, v           | vnich is NO   | r my princip      | ai campaign coi   | mmittee, to re                                  | eceive and exp        | ena iunas       | on benall of my |  |
| NOTE: T                | his designation should be            | filed with the prin        | cipal campa   | nign committ      | ee.               |   |                       |                 |                 |  |
| (a) Name               | e of Committee (in full)             |                            |               |                   |                   |   |                       |                 |                 |  |
| (=)                    | (,                                   |                            |               |                   |                   |   |                       |                 |                 |  |
|                        |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
| (b) Addre              | ess (number and street)              |                            |               |                   |                   |   |                       |                 |                 |  |
|                        |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
| (c) Citv. S            | State, and ZIP Code                  |                            |               |                   |                   |   |                       |                 |                 |  |
| (=) = 1.5,             |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
|                        |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
|                        | I certify that I have ex             | amined this State          | ment and to   | the best of       | my knowledge a    | and belief it is                                | s true, correct       | and compi       | ete.            |  |
| Signature of           | of Candidate                         |                            |               |                   |                   | Date  |                       |                 |                 |  |
| Denman Patrick Lee MNC |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
| Denman, 1 a            | urick, Ecc, mive,                    |                            |               | [Elec             | tronically Filed] | 03/08/20  | 23                    |                 |                 |  |
|                        |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
| NOTE: Subi             | mission of false, erroneous          | s, or incomplete in        | nformation n  | nay subject t     | he person signi   | ng this Stater                                  | ment to penalt        | ies of 2 U.     | S.C. §437g.     |  |
|                        |                                      |                            |               | i                 |                   |   |                       |                 |                 |  |
|                        |                                      |                            |               |                   |                   |   |                       |                 |                 |  |
|                        |                                      |                            |               |                   |                   |   |                       |                 |                 |  |

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