

Image# 202403269627412233

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Klee Hood, Sarah, , ,			2. Candidate's FEC Identification Number H2NY24150	
(b) Address (number and street) PO Box 415		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Syracuse NY 13214		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 22		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Sarah Klee Hood for NY		
(b) Address (number and street) PO Box 415		
(c) City, State, and ZIP Code Syracuse NY 13214		

### 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) Serve America Victory Fund		
(b) Address (number and street) PO BOX 2013		
(c) City, State, and ZIP Code Salem MA 01970		

*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 Klee Hood, Sarah, , ,	Date 02/28/2024
---	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--