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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Cochran, Heidi, , ,

(b) Address (number and street) ☒ Check if address changed
PO Box 120310

2. Candidate's FEC Identification Number
S8NY00330

(c) City, State, and ZIP Code
Brooklyn NY 11212

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

| 4. Party Affiliation | 5. Office Sought | 6. State & District of Candidate |
|---|---|---|
| DEMOCRATIC PARTY | Senate | NY 00 |

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 (year of election) election(s).

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
HEIDI COCHRAN FOR US SENATE

(b) Address (number and street)
2175 BERGEN ST APT 2G

(c) City, State, and ZIP Code
BROOKLYN NY 11233

## 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)

(b) Address (number and street)

(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.*

| **Signature of Candidate** | **Date** |
|---|---|
| *Cochran, Heidi, , ,* | 07/06/2026 |

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