

# STATEMENT OF CANDIDACY

(see reverse side for instructions)

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|   |                                  |   |                          |
|---|----------------------------------|---|--------------------------|
| 1. (a) Name of Candidate (in full)<br><b>KATY SORENSON</b>  |                                  |   | 2. Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><b>13200 SW 69th AVE</b> |                                  |   |                          |
| (c) City, State, and ZIP Code<br><b>PINECREST FL 33156</b>  |                                  |   |                          |
| 3. Party Affiliation<br><b>DEMOCRAT</b>   | 4. Office Sought<br><b>HOUSE</b> | 5. State & District of Candidate<br><b>FLORIDA, DISTRICT 18</b> |                          |

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

6. I hereby designate the following named political committee as my Principal Campaign Committee for the 2002 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed below.

|  |
|--|
| (a) Name of Committee (in full)<br><b>KATY SORENSON FOR CONGRESS</b> |
| (b) Address (number and street)<br><b>1200 SAN REMO AVE</b>          |
| (c) City, State, and ZIP Code<br><b>MIAMI FL 33146</b>               |

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

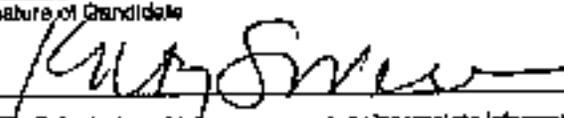
(including Joint Fundraising Representatives)

7. 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<br> | Date<br><b>3/6/02</b> |
|---|-----------------------|

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

### CANDIDATES FOR THE OFFICE OF:

U.S. Senate mail to:  
Secretary of the Senate  
Office of Public Records  
232 Hart Senate Office Bldg.  
Washington, DC 20510-7116

All other candidates  
mail to:  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

For further information contact:  
Federal Election Commission  
Toll-free 800/426-9530  
Local 202/694-1100

FEC FORM 2

(revised 1/2001)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered                                  | Date of Receipt<br><i>3-18-02</i>    |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED (R/C)                     |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>AM</i><br>PREPARER   | <i>3-18-02</i><br>DATE PREPARED      |