FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	Robbins, Nicholas, Joseph, ,									
	(b) Address (number and street) 235 Westwood Avenue 5D	☐ Check if address changed				Candidate's FEC Identification Number H4NY11187				
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	Staten Island		NY	1031	4	Statement	x (N)	OR		(A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	ict of Candidate				
	REPUBLICAN PARTY	House			NY	11				
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	COMMITT	EE			
7.	hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)									
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in t	ne instructions.					
	(a) Name of Committee (in full)									
	Robbins For New Y	ork								
	(b) Address (number and street)									
	235 Westwood Avenue 5D									
	(c) City, State, and ZIP Code									
	Staten Island				NY	10314				
	Statem Island									
8.	Thereby authorize the following nan	(1	ncluding Join	t Fundraisin	THORIZED g Representative al campaign com	es)		d funds	on beh	alf of my
	candidacy.									
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign committ	ee.					
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(b) Address (number and street)									
	(b) Address (number and street) (c) City, State, and ZIP Code									
		mined this Stat	ement and to	the best of	my knowledge al	nd belief it is true	e, correct and	d comple	ete.	
Sid	(c) City, State, and ZIP Code I certify that I have example 1.	mined this Stat	ement and to	the best of	my knowledge ai	nd belief it is true	e, correct and	d comple	ete.	
	(c) City, State, and ZIP Code	mined this Stat	ement and to			Date	e, correct and	d comple	ete.	
	(c) City, State, and ZIP Code I certify that I have exa	mined this Stat	ement and to		my knowledge al tronically Filed]		e, correct and	d comple	ete.	
Ro	(c) City, State, and ZIP Code I certify that I have exa			[Elec	tronically Filed]	Date 02/10/2020				37g.
Ro	(c) City, State, and ZIP Code I certify that I have exagnature of Candidate obbins, Nicholas, Joseph, ,			[Elec	tronically Filed]	Date 02/10/2020				37g.

FEC FORM 2 (REV. 02/2009)