Image# 202305179581535292 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| =   | ( ) N  |                    |               |              |                  |   |    |  |
|---|--|--------------------|---------------|--------------|------------------|---|----|--|
| Т.  | (a) Name of Candidate (in full)  |                    |               |              |                  |   |    |  |
|   | Harris, Clemmie, L, ,  |                    | le if a al -l |              |                  | O Condidatela FFO Idantification Number             |    |  |
|   | (b) Address (number and street)<br>127 Saddlestone Place<br>Apt F  | ⊔ Cnecl            | k if address  | cnanged      |                  | Candidate's FEC Identification Number     H4NY22077 |    |  |
|   | (c) City, State, and ZIP Code  |                    |               |              |                  | 3. Is This New Amend                                | ed |  |
|   | Camillus   |                    | NY            | 1303′        | 1                | Statement (N) OR (A)                                |    |  |
| 4.  | Party Affiliation  | 5. Office Sought   |               |              | 6. State & Dist  | rict of Candidate                                   |    |  |
|   | DEMOCRATIC PARTY   | House              |               |              | NY               | 22  |    |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                    |               |              |                  |   |    |  |
| 7.  | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) |                    |               |              |                  |   |    |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                   |                    |               |              |                  |   |    |  |
|   | (a) Name of Committee (in full)  |                    |               |              |                  |   |    |  |
| Clemmie Harris For Congress   |  |                    |               |              |                  |   |    |  |
|   | (b) Address (number and street)  |                    |               |              |                  |   |    |  |
|   | P.O. Box 62  |                    |               |              |                  |   |    |  |
|   | Apt F  |                    |               |              |                  |   |    |  |
|   | (c) City, State, and ZIP Code  |                    |               |              |                  |   |    |  |
|   | Camillus   |                    |               |              | NY               | 13031   |    |  |
|   |  |                    |               |              |                  |   |    |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives) |  |                    |               |              |                  |   |    |  |
|   | I hereby authorize the following nam candidacy.  | ned committee, whi | ch is NOT r   | ny principa  | al campaign con  | nmittee, to receive and expend funds on behalf of m | У  |  |
| NOTE: This designation should be filed with the principal campaign committee.             |  |                    |               |              |                  |   |    |  |
|   | (a) Name of Committee (in full)  |                    |               |              |                  |   |    |  |
|   |  |                    |               |              |                  |   |    |  |
|   | /h \   |                    |               |              |                  |   |    |  |
|   | (b) Address (number and street)  |                    |               |              |                  |   |    |  |
|   |  |                    |               |              |                  |   |    |  |
|   | (c) City, State, and ZIP Code  |                    |               |              |                  |   |    |  |
|   | (1)  |                    |               |              |                  |   |    |  |
|   |  |                    |               |              |                  |   |    |  |
|   |  | mined this Stateme | ent and to th | ne hest of i | nv knowledge a   | and belief it is true, correct and complete.        | -  |  |
|   | I certity that I have eya  |                    | in and to th  | ic best of i | ny knowicage a   | ina bener it is true, correct and complete.         |    |  |
|   |  |                    |               |              |                  | · · · · · · · · · · · · · · · · · · ·               |    |  |
| _   | gnature of Candidate   |                    |               |              |                  | Date  |    |  |
| _   |  |                    |               | [Elect       | ronically Filed] | · · · · · · · · · · · · · · · · · · ·               |    |  |
| _   | gnature of Candidate   |                    |               | [Elect       | ronically Filed] | Date  |    |  |
| _   | gnature of Candidate   |                    |               | [Elect       | ronically Filed] | Date  |    |  |
| На  | gnature of Candidate<br>urris, Clemmie, L, ,   |                    |               |              |                  | Date  |    |  |
| На  | gnature of Candidate<br>urris, Clemmie, L, ,   |                    |               |              |                  | <b>Date</b> 05/17/2023                              |    |  |
| На  | gnature of Candidate<br>urris, Clemmie, L, ,   |                    |               |              |                  | <b>Date</b> 05/17/2023                              |    |  |

FEC FORM 2 (REV. 02/2009)