

Image# 202402149619774300

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Suozzi, Thomas, , ,			2. Candidate's FEC Identification Number H6NY03247	
(b) Address (number and street) PO Box 669		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Glen Cove NY 11542		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 03		

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) Suozzi for Congress		
(b) Address (number and street) PO Box 669		
(c) City, State, and ZIP Code Glen Cove NY 11542		

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) Tom Suozzi Victory Fund		
(b) Address (number and street) PO Box 669		
(c) City, State, and ZIP Code Glen Cove NY 11542		

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 Suozzi, Thomas, , ,	Date 02/14/2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Kennedy Suozzi Victory Fund

(b) Address (number and street)

611 Pennsylvania Avenue SE
Suite 143

(c) City, State, and ZIP Code

Washington DC 20003

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)

Take Back NY-3

(b) Address (number and street)

124 Washington St
Suite 101

(c) City, State, and ZIP Code

Foxboro MA 02035

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)

Empire State Strikes Back

(b) Address (number and street)

PO Box 65322

(c) City, State, and ZIP Code

Washington DC 20035

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