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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Suozzi, Thomas, , , (b) Address (number and street) PO Box 669	□С	heck if addre	ss changed		2. Candida	ate's FEC Ider	tification N	lumber	
	(c) City, State, and ZIP Code					3. Is This		eW	A	mended
	Glen Cove		NY	′ 1154	12	Stater	nent (N) OR	X (A	۹)
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug	ht		6. State & Dist	trict of Candi	date			
	DEMOCRATIO FAICT	110030								
	DE	SIGNATIO	N OF PR	INCIPAL	. CAMPAIGI	N COMM	ITTEE			
7.	I hereby designate the following nar	med political co	mmittee as m	y Principal	Campaign Comi	mittee for the	2024 (year of elec	election)	on(s).	
	NOTE: This designation should be	iled with the ap	propriate offic	ce listed in	he instructions.					
	(a) Name of Committee (in full)									
	Suozzi for Congress	3								
	(b) Address (number and street)									
	PO Box 669									
	(c) City, State, and ZIP Code									
	Glen Cove				NY	11542	2			
	DE				THORIZED ng Representativ		TEES			
8.	I hereby authorize the following nar candidacy.	ned committee	which is NO	Γ my princip	oal campaign cor	nmittee, to re	eceive and exp	end funds	on behal	f of my
	NOTE: This designation should be f	iled with the pr	ncipal campa	ign commit	tee.					
	(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 exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is	s true, correct	and compl	ete.	
Si	gnature of Candidate					Date				
Sı	iozzi, Thomas, , ,					02/14/20	24			
NC	OTE: Submission of false, erroneous	, or incomplete	information m	nay subject	the person signi	ng this State	ment to penalt	ies of 2 U.S	S.C. §437	g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	2 of 2	
Page	OI	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NC candidacy. NOTE : This designation should be filed with the pri			nd funds on behalf of my				
	(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					
_								
3.	I hereby authorize the following named committee, which is NC candidacy. NOTE : This designation should be filed with the pri			nd funds on behalf of my				
	(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					
		MA	02035					
3.		DT my principal campaign	committee, to receive and exper	nd funds on behalf of my				
3.	Foxboro I hereby authorize the following named committee, which is NC	DT my principal campaign	committee, to receive and exper	nd funds on behalf of my				
3.	Foxboro I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri	DT my principal campaign	committee, to receive and exper	nd funds on behalf of my				
3.	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (a) Name of Committee (in full) Empire State Strikes Back (b) Address (number and street)	DT my principal campaign	committee, to receive and exper	nd funds on behalf of my				
3.	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (a) Name of Committee (in full) Empire State Strikes Back	DT my principal campaign	committee, to receive and exper	nd funds on behalf of my				
3.	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (a) Name of Committee (in full) Empire State Strikes Back (b) Address (number and street)	DT my principal campaign	committee, to receive and exper	nd funds on behalf of my				
3.	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (a) Name of Committee (in full) Empire State Strikes Back (b) Address (number and street) PO Box 65322	DT my principal campaign	committee, to receive and exper	nd funds on behalf of my				
	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (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	DT my principal campaign incipal campaign committe	committee, to receive and experse.					
	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (a) Name of Committee (in full) Empire State Strikes Back (b) Address (number and street) PO Box 65322 (c) City, State, and ZIP Code	DT my principal campaign incipal campaign committed DC DC DT my principal campaign	committee, to receive and experse. 20035 committee, to receive and experse.					
	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (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 I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri	DT my principal campaign incipal campaign committed DC DC DT my principal campaign	committee, to receive and experse. 20035 committee, to receive and experse.					
	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (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	DT my principal campaign incipal campaign committed DC DC DT my principal campaign	committee, to receive and experse. 20035 committee, to receive and experse.					
	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (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 I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri	DT my principal campaign incipal campaign committed DC DC DT my principal campaign	committee, to receive and experse. 20035 committee, to receive and experse.					
	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (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 I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (a) Name of Committee (in full)	DT my principal campaign incipal campaign committed DC DC DT my principal campaign	committee, to receive and experse. 20035 committee, to receive and experse.					
	I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (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 I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the pri (a) Name of Committee (in full)	DT my principal campaign incipal campaign committed DC DC DT my principal campaign	committee, to receive and experse. 20035 committee, to receive and experse.					