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FEC FORM 2

STATEMENT OF CANDIDACY

DEMOCRATIC PARTY DES	□ Check if addres			2. Candidate's FEC Ide H0PA02091	ntification Number		
(b) Address (number and street) P.O. Box 29335 (c) City, State, and ZIP Code Philadelphia 4. Party Affiliation DEMOCRATIC PARTY DES	PA			H0PA02091	ntification Number		
P.O. Box 29335 (c) City, State, and ZIP Code Philadelphia 4. Party Affiliation DEMOCRATIC PARTY DES	PA			H0PA02091	ntification Number		
Philadelphia 4. Party Affiliation DEMOCRATIC PARTY DES		1912					
4. Party Affiliation DEMOCRATIC PARTY DES		1912		3. Is This N	ew Amen	ded	
DEMOCRATIC PARTY DES	i. Office Sought		5	Statement (N	I) OR (A)		
DES			6. State & Distr	rict of Candidate			
	House		PA	02			
7. I hereby designate the following name	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
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 file	ed with the appropriate office	ce listed in th	ne instructions.				
(a) Name of Committee (in full) SALEM FOR CONG	RESS						
(b) Address (number and street) P.O. BOX 29335							
(c) City, State, and ZIP Code							
PHILADELPHIA			PA	19125			
(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 file	ed with the principal campa	ign committe	ee.				
(a) Name of Committee (in full)							
(b) Address (number and street)							
(c) City, State, and ZIP Code							
I certify that I have exam	ined this Statement and to	the best of I	my knowledge a	nd belief it is true, correct	and complete.		
Signature of Candidate				Date			
Snow, Salem, , ,		[Elect	ronically Filed]	11/30/2022			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.							
8. I hereby authorize the following name candidacy. NOTE: This designation should be file (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exame Signature of Candidate	d committee, which is NOT	t Fundraising my principal ign committee	g Representative al campaign comee.	nmittee, to receive and example and belief it is true, correct Date			
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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