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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Mannion, John, W, ,										
	(b) Address (number and street) PO Box 11131	☐ Check if address changed				Candidate's FEC Identification Number H4NY22085					
	(c) City, State, and ZIP Code	City, State, and ZIP Code						lew		Amended	
	Syracuse	NY 13218			Staten	nent 🗶 (I	N) OR		(A)		
4.	Party Affiliation	5. Office Sough	nt		6. State & Dis	trict of Candid	date				
	DEMOCRATIC PARTY	House			NY	22					
	DI	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	и соммі	ITTEE				
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)										
	Mannion for New Y	ork									
	(b) Address (number and street) PO Box 11131										
	(c) City, State, and ZIP Code										
	Syracuse				NY	13218	3				
	DI	ESIGNATIOI			THORIZED g Representativ		TEES				
8.	I hereby authorize the following na candidacy.	med committee,	which is NO	T my principa	al campaign coi	mmittee, to re	eceive and ex	xpend funds	s on bel	half of my	
	NOTE: This designation should be	filed with the pri	ncipal campa	ign committe	ee.						
	(a) Name of Committee (in full)										
	, ,										
	(b) Address (number and street)										
	(c) City, State, and ZIP Code										
	(c) City, State, and Zir Code										
	I a swife of the set I be seen as							4 d	1-4-	·	
	I certify that I have ex	amineo inis Siai	ement and to	ine best of t	my knowieage a	and belief it is	s true, correc	т апа сотр	iete.		
Signature of Candidate						Date					
Mannion, John, W, ,			[Electronically Filed]			07/13/20	07/13/2023				
				12.000							
NC	OTE: Submission of false, erroneous	s, or incomplete i	nformation m	nay subject t	he person signi	ng this Stater	ment to pena	lties of 2 U	.S.C. §4	37g.	
NC	DTE: Submission of false, erroneous	s, or incomplete i	nformation n	nay subject t	he person signi	ng this Stater	ment to pena	ulties of 2 U	.S.C. §4	37g.	
NC	OTE: Submission of false, erroneous	s, or incomplete i	nformation n	nay subject t	he person signi	ng this Stater	ment to pena	ulties of 2 U	.S.C. §4	37g.	

FEC FORM 2 (REV. 02/2009)