## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1.	(a) Name of Candidate (in full)									
	Jones, Mondaire, , ,									
	(b) Address (number and street) 499 S. Capitol St. SW Suite 407	□ Check if address changed			2. Candidate's FEC Identification Number H0NY17174					
	(c) City, State, and ZIP Code					3. Is This		v		Amended
	Washington		D	2000	3	Statem		OR	×	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candid	ate		_	
	DEMOCRATIC PARTY	House	-		NY	17				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2022</u> election(s). (year of election)									
	NOTE: This designation should be f	iled with the ap	propriate off	ice listed in t	he instructions.					
	(a) Name of Committee (in full) MONDAIRE FOR CONGRESS									
	(b) Address (number and street) P.O. BOX 933									
	(c) City, State, and ZIP Code									
	NYACK				NY	10960				
8.	<ol> <li>I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.</li> </ol>									
	<b>NOTE:</b> This designation should be f	iled with the pr	incipal campa	aign commit	ee.					
(a) Name of Committee (in full) JONES HOULAHAN VICTORY FUND										
	(b) Address (number and street) 918 PENNSYLVANIA AVE SE									
	(c) City, State, and ZIP Code									
	WASHINGTON				DC	20003				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
Ja	ones, Mondaire, , ,			[Elec	tronically Filed]	01/11/202	21			
N	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

## 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)					
TAKANO EQUALITY WAVE					
(b) Address (number and street) PO BOX 15320					
(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.

(b) Address (number and street)		
(c) City, State, and ZIP Code		

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	ו full)
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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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