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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (a) Name of Can | | | | | | | | | |
|---|--|-----------------------|------------------|-------------|---------------------------|---|--------------------------------|---------------|-------------|
| Jones, Mond | | | 1 '7 1 ' | | | 100 "11 | FEO.11 | | |
| (b) Address (num PO Box 873 | ber and street) | □Chec | ck if address c | hanged | | 2. Candidate H0NY17 | s FEC Identific I 74 | cation Numb | er |
| (c) City, State, an | | | | | | 3. Is This | New | , | Amended |
| Sleepy Hollo | DW . | | NY | 10591 | | Statemer | nt (N) | OR > | (A) |
| 4. Party Affiliation | | 5. Office Sought | | | | rict of Candidat | е | | |
| DEMOCRATIC | PARTY | House | | | NY | 17 | | | |
| | DE | SIGNATION | OF PRINC | CIPAL | CAMPAIGN | OMMIT | TEE | | |
| 7. I hereby designate | e the following na | med political comm | nittee as my P | rincipal C | ampaign Comn | | 2024 rear of election | _ election(s) | |
| | | filed with the appro | priate office li | sted in the | e instructions. | | | | |
| (a) Name of Com | mittee (in full) | | | | | | | | |
| Mondair | e for Congr | ess | | | | | | | |
| (b) Address (num | ber and street) | | | | | | | | |
| PO Box 873 | 1 | | | | | | | | |
| (c) City, State, an | d ZIP Code | | | | | | | | |
| Sleepy Hol | low | | | | NY | 10591 | | | |
| | | | | | | | | | |
| | DE | SIGNATION (Incl | | | HORIZED Representative | | EES | | |
| 8. I hereby authorize candidacy. | e the following nar | ned committee, wh | nich is NOT my | / principa | I campaign con | nmittee, to rece | ive and expen | d funds on b | ehalf of my |
| NOTE: This design | gnation should be | filed with the princi | pal campaign | committe | e. | | | | |
| (a) Name of Com | mittee (in full) | | | | | | | | |
| Jones V | ictory Fund | | | | | | | | |
| (l-) A -l-l (| | | | | | | | | |
| (b) Address (num | ber and street) | | | | | | | | |
| (b) Address (num | ber and street) | | | | | | | | |
| 122 C Street | NW | | | | | | | | |
| 122 C Street Suite 360 (c) City, State, an | d ZIP Code | | | | DC | 20001 | | | |
| 122 C Street Suite 360 | d ZIP Code | | | | DC | 20001 | | | |
| Suite 360 (c) City, State, an Washington | d ZIP Code | nmined this Statem | ent and to the | best of n | | | ue, correct and | l complete. | |
| Suite 360 (c) City, State, an Washington | t NW d ZIP Code | nmined this Statem | ent and to the | best of n | | | ue, correct and | l complete. | |
| 122 C Street Suite 360 (c) City, State, an Washington | t NW d ZIP Code | nmined this Statem | ent and to the | best of n | | nd belief it is tr | ue, correct and | l complete. | |
| Suite 360 (c) City, State, an Washington | t NW d ZIP Code | nmined this Statem | ent and to the | best of n | | nd belief it is tr | ue, correct and | l complete. | |
| Suite 360 (c) City, State, an Washington I cel Signature of Candi Jones, Mondaire, , , | t NW d ZIP Code rtify that I have exa | | | | ny knowledge a | nd belief it is tri Date 09/24/2024 | | | 6437g. |
| Suite 360 (c) City, State, an Washington | t NW d ZIP Code rtify that I have exa | | | | ny knowledge a | nd belief it is tri Date 09/24/2024 | | | 6437g. |
| Suite 360 (c) City, State, an Washington I cel Signature of Candi Jones, Mondaire, , , | t NW d ZIP Code rtify that I have exa | | | | ny knowledge a | nd belief it is tri Date 09/24/2024 | | | 6437g. |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| | (morading contr | r undraiding rioprocent | auvoo) | |
|----|--|-------------------------|--------|----|
| 3. | I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the prince | | • | my |
| | (a) Name of Committee (in full) | | | |
| | HOUSE VICTORY PROJECT 2024 | | | |
| | (b) Address (number and street) | | | |
| | 600 PENNSYLVANIA AVE SE #15180 | | | |
| | (c) City, State, and ZIP Code | | | |
| | WASHINGTON | DC | 20003 | |
| | | | | |
| 3. | I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the prince | | | my |
| | (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 | |
| | | | | |
| 3. | I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the princ | | | my |
| | (a) Name of Committee (in full) | | | |
| | DEMOCRACY SUMMER MAJORITY FUI | ND | | |
| | (b) Address (number and street) | | | |
| | 600 PENNSYLVANIA AVE SE #15180 | | | |
| | (c) City, State, and ZIP Code | | | |
| | WASHINGTON | DC | 20003 | |
| _ | | | | |
| 3. | I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the prince | | | my |
| | (a) Name of Committee (in full) | | | |
| | UPSTATE VICTORY FUND | | | |
| | (b) Address (number and street) | | | |
| | 124 WASHINGTON ST | | | |
| | SUITE 101 (c) City, State, and ZIP Code | | | |
| | FOXBORO | MA | 02035 | |

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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| Page | 01 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

| | (Including Joint Fundraising Representatives) |
|----|--|
| 3. | 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) |
| | WIN NEW YORK VICTORY FUND |
| | (b) Address (number and street) PO BOX 2113 |
| | (c) City, State, and ZIP Code |
| | KINGSTON NY 12402 |
| | |
| 3. | 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 |
| | (c) Oity, State, and ZIF Gode |
| | |
| 3. | 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 |
| | |
| _ | I have be a substitute of the following representatives which is NOT are rejected according a constitute to the following representative and a representative to the following representative and a representative to the following representative to the foll |
| 3. | 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 |
| | (o) Oity, Otato, and 2n Oode |