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FEC FORM 2

STATEMENT OF CANDIDACY

	Name of Candidate (in full)									
	Avlon, John, , ,					100 111				
(b) <i>i</i>	Address (number and street) PO Box 1200	☐ Check if address changed			Candidate's FEC Identification Number H4NY01204					
(c) (City, State, and ZIP Code					3. Is This			Ame	ended
	Sag Harbor		N)	/ 1196		Staten		OR	× (A)	
	y Affiliation	5. Office Soug	jht		6. State & Dist		date			
DE	MOCRATIC PARTY	House			NY	01				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMM	ITTEE			
7. I he	reby designate the following na	med political co	mmittee as n	ny Principal	Campaign Comi	mittee for the	year of electi	election	on(s).	
	TE: This designation should be	filed with the ap	propriate offi	ce listed in t	he instructions.					
(a) l	Name of Committee (in full)									
	John Avlon for Cong	gress								
(b) A	Address (number and street)									
	PO Box 1200									
(c) (City, State, and ZIP Code									-
	Sag Harbor				NY	11963	3			
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES			
		(Including Joir	nt Fundraisir	ng Representativ	/es)				
0 lbo	reby authorize the following nar	and anomaittan	which is NO	T mu pripair	al compaign cor	mmittaa tara	and ava	and funda	on bobolf o	f my
	didacy.	ned committee,	WITICIT IS INO	i iliy pililcip	ai campaign coi	minitee, to re	eceive and expe	ena iunas	on benan o	i iiiy
NO ⁻	FE: This designation should be	iled with the pr	incipal campa	aign commit	ee.					
(a) l	Name of Committee (in full)									
(-7	John Avlon Victory	Fund								
(b) A	Address (number and street)									
()	611 Pennsylvania Avenue SE									
(c) (Suite 143 City, State, and ZIP Code									
()	Washington				DC	20003	.			
	VVdomington				20	20000	•			
	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 a	nd compl	ete.	
Signat	ure of Candidate					Date				-
Avlon, John, , ,				08/03/20	124					
Avion,	Join, , ,					00/03/20)Z+			
NOTE:	Submission of false, erroneous	, or incomplete	information r	nay subject	the person signi	ng this State	ment to penaltie	es of 2 U.S	S.C. §437g.	
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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)

8.	Thereby 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)						
	Empire State Strikes Back						
	(b) Address (number and street)						
	PO Box 65322						
	(c) City, State, and ZIP Code						
	Washington DC 20035						
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						
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						
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						