

FEC FORM 2
STATEMENT OF CANDIDACY

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2024 MAY 29 AM 10: 23

1. (a) Name of Candidate (in full) <u>Rochelle-Maretha Braks</u>	
(b) Address (number and street) <u>1719 Midland Avenue</u>	☐ Check if address changed
2. FEC Candidate Identification Number	
(c) City, State, and ZIP Code <u>Syracuse NY 13205-1451</u>	3. Is This Statement ☒ New (N) OR ☐ Amended (A)
4. Party Affiliation <u>independent</u>	5. Office Sought <u>president</u>
6. State & District of Candidate <u>NY</u>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)
- NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Syracuse State Faith and Hope 2016</u>
(b) Address (number and street) <u>1719 Midland Avenue</u>
(c) City, State, and ZIP Code <u>Syracuse, NY 13205-1451</u>

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

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <u>Rochelle-Maretha Braks</u>	Date <u>05/22/2024</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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(Including Joint Fundraising Representatives)

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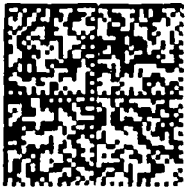
(b) Address (number and street)

(c) City, State, and ZIP Code

Ms. Rochelle Brooks
1719 Midland Ave
Syracuse, NY 13205

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 PREPARER (4/2023)	05/29/2024 DATE PREPARED	