

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL CENTER
2018 OCT 10 AM 7:38

1. (a) Name of Candidate (in full) ANTHONY PAPPAS		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 2415 24th Street		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code Astoria, NY 11102		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Republican	5. Office Sought House of Representatives	6. State & District of Candidate New York 14

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) Anthony Pappas for Congress
(b) Address (number and street) 2415 24th Street Astoria, New York 11102
(c) City, State, and ZIP Code

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 Anthony Pappas	Date September 25, 2018
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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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(c) City, State, and ZIP Code

2025 RELEASE UNDER E.O. 14176

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number
 FEC ID number
 FEC ID number
 FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name _____
 Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 _____ Telephone Number _____-_____-_____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____
 Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

NOTICE TO THE COMMISSION

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address grid lines

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Handwritten entry for Anthony Pappas: Full Name ANTHONY PAPPAS, Mailing Address 2415 - 24TH STREET, ASTORIA, NY 11104-2827, Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Handwritten entry for Patrick Colabell: Full Name of Treasurer PATRICK COLABELLA, Mailing Address 8502 - 14 AVE, BROOKLYN, NY 11218, Title or Position TREASURER, Telephone number 646 - 321 - 4763

2010-10-10 10:00:00 AM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

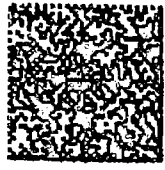
ZIP CODE

2010 FEB 10 10:01 AM COMM-FEC

MAILING FIRST CLASS PERMIT NO. 10101 NEW YORK, NY



02 1P \$ 001.21
0001156344 SEP 27 2018
MAILED FROM ZIP CODE 11228



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2018 OCT 10 AM 7:38

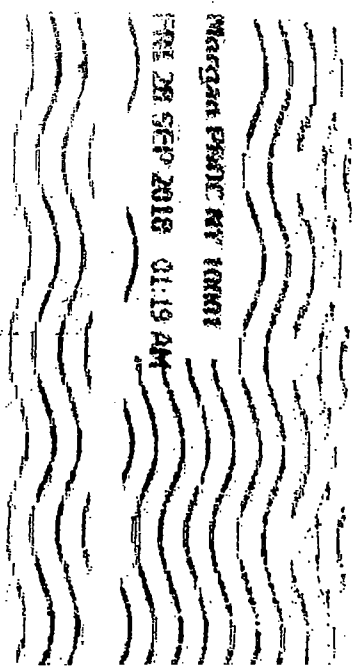
First Class Mail



Certified Public Accountants
8502-14th Avenue
Brooklyn, NY 11228
(718) 234-0190

TO:

FEDERAL ELECTION COMMISSION
1050 FIRST STREET N.E.
WASHINGTON, DC 20463



SEP 28 5:59 PM '18
MARGAN BRIDGE NY 10001

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 9/27/18	10/10/18
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
ES	10/10/18
PREPARER (3/2015)	DATE PREPARED

NON-FEDERAL ELECTION COMMISSION