Image# 202109099466636467 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

	4.5								
	e of Candidate (in full)								
	nowski, Tom, , ,					100 1111			
	ess (number and street) Box 263	□Ci	neck if addres	ss changed		2. Candidate's H8NJ0722		ation Number	
(c) City, S	State, and ZIP Code					3. Is This	New		mended
Som	nerville		NJ	0887	6	Statemen	t (N)	OR X (/	<b>A</b> )
4. Party Affi	liation	5. Office Sough	nt		6. State & Distr	rict of Candidate	9		
DEMOC	CRATIC PARTY	House			NJ	07			
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	о СОММІТТ	ΓEE		
7. I hereby	designate the following na	med political cor	mmittee as m	y Principal (	Campaign Comn		2022 ear of election	_ election(s). )	
	his designation should be	filed with the app	oropriate offic	e listed in th	ne instructions.				
` ,	e of Committee (in full)	0							
10	m Malinowski for	Congress							
	ess (number and street) Box 263								
(c) City, S	State, and ZIP Code								
Soi	merville				NJ	08876			
	DE	SIGNATIO	N OF OTH	HER AU	THORIZED	COMMITTE	EES		
				_	g Representative				
		•	-			•			
8. I hereby candidad	authorize the following nar cy.	ned committee,	which is NOT	my principa	al campaign com	nmittee, to recei	ve and expend	d funds on behal	f of my
NOTE: T	his designation should be	iled with the prin	ncipal campa	ign committe	ee.				
(a) Name	e of Committee (in full)								
` ,	jority Keepers								
	.jointy it copies								
	ess (number and street) Pennsylvania Ave SE								
Unit	15180								
(c) City, S	State, and ZIP Code								
\/\/aq	shington				DC:	20003			
Was	shington				DC	20003			
Was	Shington  I certify that I have exa	nmined this State	ement and to	the best of			ue, correct and	complete.	
	-	nmined this State	ement and to	the best of			ue, correct and	complete.	
	I certify that I have exa	mined this State	ement and to		my knowledge a	nd belief it is tru	ue, correct and	complete.	
Signature o	I certify that I have exa	nmined this State	ement and to			nd belief it is tru	ie, correct and	complete.	
Signature o	I certify that I have exa	nmined this State	ement and to		my knowledge a	nd belief it is tru	ie, correct and	complete.	
Signature o	I certify that I have exa			[Elect	my knowledge a	nd belief it is tru Date 09/09/2021			g.
Signature o	I certify that I have exact of Candidate Tom, , ,			[Elect	my knowledge a	nd belief it is tru Date 09/09/2021			g.
Signature o	I certify that I have exact of Candidate Tom, , ,			[Elect	my knowledge a	nd belief it is tru Date 09/09/2021			g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	2	
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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Nadler Victory Fund						
	(b) Address (number and street) 200 W 79th St Unit 8N						
	(c) City, State, and ZIP Code						
	New York NY 10024						
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. <b>NOTE</b> : 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. <b>NOTE</b> : 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						