FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1.	(a) Name of Candidate (in full)											
	Aimee Belgard											
	(b) Address (number and street) PO Box 35	□ Check if address changed			2. Candidate's FEC Identification Number H4NJ03106							
	(c) City, State, and ZIP Code					3. Is This	~ /		Ame	nded		
	Willingboro		N.	J 0804	6	Statem	ent X (N)	OR	(A)			
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candid	ate					
	DEMOCRATIC PARTY	House			NJ	03						
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	и соммі.	TTEE					
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of 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)											
	Aimee Belgard For	Congress										
	(b) Address (number and street) PO Box 35											
	(c) City, State, and ZIP Code											
	Willingboro				NJ	08046						
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full)					nmittee, to reo	ceive and exp	end funds	on behalf of	my		
	DCCC Rapid Respo	onse Fund	2014									
	(b) Address (number and street) 430 S Capitol St SE Fl 2											
	(c) City, State, and ZIP Code											
	Washington				DC	20003						
	l certify that I have exa	mined this State	ement and to	the best of	my knowledge a	nd belief it is	true, correct a	nd compl	ete.			
Si	gnature of Candidate					Date				· .		
Ai	mee Belgard			[Elec	tronically Filed]	10/21/201	14					
NC	DTE: Submission of false, erroneous	or incomplete i	nformation n	nay subject f	the person signir	ng this Statem	nent to penaltio	es of 2 U.S	S.C. §437g.			
<u> </u>		ı – – – – – – – – – – – – – – – – – – –			I			FE	C FORM 2 (REV.	. 02/2009)		

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 0	2/2003)			Page 2 /
	DESIGNATION OF OT (Including Jo	HER AUTHORIZED		[ADDITIONAL]
I hereby authorize the following na candidacy.	med committee, which is NOT my p	rincipal campaign committee,	to receive and expend funds	on behalf of my
NOTE: This designation she	ould be filed with the principal ca	ampaign committee.		
(a) Name of Committee (in	full)			
NJ Women's V	ictory Fund			
(b) Address (number and s 196 W State St	treet)			
(c) City, State and ZIP Coc	le			
Trenton		NJ	08608	
	DESIGNATION OF OT (Including J	THER AUTHORIZED Joint Fundraising Represer		[ADDITIONAL]
candidacy.	med committee, which is NOT my p		to receive and expend funds	s on behalf of my
NOTE: This designation sh	ould be filed with the principal ca	ampaign committee.		
(a) Name of Committee (in	full)			
(b) Address (number and s	street)			
(c) City, State and ZIP Cod	le			
	DESIGNATION OF OT (Including J	THER AUTHORIZED		[ADDITIONAL]
I hereby authorize the following na candidacy.	med committee, which is NOT my p	principal campaign committee,	to receive and expend funds	s on behalf of my
NOTE: This designation sh	ould be filed with the principal ca	ampaign committee.		
(a) Name of Committee (in	full)			
(b) Address (number and s	street)			
(c) City, State and ZIP Cod				