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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Kuster, Ann McLane, , ,							
	(b) Address (number and street) PO Box 1498	☐ Check if address changed				Candidate's FEC Identification Number     H0NH02181		
	(c) City, State, and ZIP Code						New Amended	
	Concord		NF	1 0330	2	Statement (	(A)	
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate		
	DEMOCRATIC PARTY	House			NH	02		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Kuster for Congress								
	(b) Address (number and street)							
	PO Box 1498							
	(c) City, State, and ZIP Code							
	Concord				NH	03302		
(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) Annie Kuster Victory Fund								
(b) Address (number and street) One Park Row, 5th Floor								
	,							
(c) City, State, and ZIP Code								
	Providence				RI	02903		
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 Date								
K	uster, Anne McLane, , ,			[Elec	tronically Filed]	12/01/2022		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)