## FEC FORM 2 STATEMENT OF CANDIDACY

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Morse, Andrea, S, ,          (b) Address (number and street)       Check if address changed       2. Candidate's FEC Identification Number         705 Forest Ave       H4NY11211         (c) City, State, and ZIP Code       NY       10310         Statem Island       NY       10310         4. Party Affiliation       5. Office Sought       6. State & District of Candidate         DEMOCRATIC PARTY       5. Office Sought       6. State & District of Candidate         NY       11       11         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)       election(s).         NOTE: This designation should be filed with the appropriate office listed in the instructions.       (a) Name of Committee (in full)         MORSE FOR CONGRESS       (b) Address (number and street)       705 FOREST AVE         (c) City, State, and ZIP Code       STATEN ISLAND       NY       10310
705 Forest Ave       H4NY11211         (c) City, State, and ZIP Code       NY       10310       3. Is This       New       Amended         3.       Is This       X       NN       OR       Amended         4.       Party Affiliation       5. Office Sought       6. State & District of Candidate       NY       11         DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE         7.       I hereby designate the following named political committee as my Principal Campaign Committee for the diversion of election       2024 (year of election)       election(s).         NOTE: This designation should be filed with the appropriate office listed in the instructions.         (a) Name of Committee (in full)       MORSE FOR CONGRESS         (b) Address (number and street)       705 FOREST AVE         (c) City, State, and ZIP Code       Image: distance of the distan
Staten Island       NY       10310       Statement       Image: Non-organization of the state
4. Party Affiliation DEMOCRATIC PARTY       5. Office Sought House       6. State & District of Candidate NY         NY         DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE         7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election)         NOTE: This designation should be filed with the appropriate office listed in the instructions.         (a) Name of Committee (in full)       MORSE FOR CONGRESS         (b) Address (number and street) 705 FOREST AVE       (c) City, State, and ZIP Code
DEMOCRATIC PARTY       House       NY       11         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)       election(s).         NOTE: This designation should be filed with the appropriate office listed in the instructions.         (a) Name of Committee (in full)       MORSE FOR CONGRESS         (b) Address (number and street)         705 FOREST AVE         (c) City, State, and ZIP Code
<ul> <li>7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) election(s).</li> <li>NOTE: This designation should be filed with the appropriate office listed in the instructions.</li> <li>(a) Name of Committee (in full)</li> <li>MORSE FOR CONGRESS</li> <li>(b) Address (number and street)</li> <li>705 FOREST AVE</li> <li>(c) City, State, and ZIP Code</li> </ul>
Note: This designation should be filed with the appropriate office listed in the instructions.       (year of election)         (a) Name of Committee (in full)       MORSE FOR CONGRESS         (b) Address (number and street)       705 FOREST AVE         (c) City, State, and ZIP Code       More of Committee (in the instruction of the instruct
(a) Name of Committee (in full) MORSE FOR CONGRESS (b) Address (number and street) 705 FOREST AVE (c) City, State, and ZIP Code
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(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 Date
Morse, Andrea, S, , 03/04/2024
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.