

Image# 202310169598463538

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |                           |  |   |  |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full)<br>Goroff, Nancy, , , |                           |  | 2. Candidate's FEC Identification Number<br>H4NY01162 |  |
| (b) Address (number and street)<br>PO Box 215            |                           | <input type="checkbox"/> Check if address changed  |   |  |
| (c) City, State, and ZIP Code<br>East Setauket NY 11733  |                           | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |   |  |
| 4. Party Affiliation<br>DEMOCRATIC PARTY                 | 5. Office Sought<br>House | 6. State & District of Candidate<br>NY 01  |   |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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)<br>GOROFF FOR CONGRESS  |  |  |
| (b) Address (number and street)<br>PO BOX 215           |  |  |
| (c) City, State, and ZIP Code<br>EAST SETAUKET NY 11733 |  |  |

### 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)<br>314 ACTION IMPACT SLATE |  |  |
| (b) Address (number and street)<br>PO BOX 14560            |  |  |
| (c) City, State, and ZIP Code<br>WASHINGTON DC 20044       |  |  |

*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<br>Goroff, Nancy, , , | Date<br>10/16/2023 |
|--|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
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