

Image# 202409279684752549

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Avlon, John, , ,		
(b) Address (number and street) PO Box 1200		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Sag Harbor NY 11963		2. Candidate's FEC Identification Number H4NY01204
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate NY 01		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

### 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) John Avlon for Congress		
(b) Address (number and street) PO Box 1200		
(c) City, State, and ZIP Code Sag Harbor NY 11963		

### 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) John Avlon Victory Fund		
(b) Address (number and street) 611 Pennsylvania Avenue SE Suite 143		
(c) City, State, and ZIP Code Washington DC 20003		

*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 Avlon, John, , ,	Date 09/27/2024
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**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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Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

## 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)

Empire State Strikes Back

(b) Address (number and street)

PO Box 65322

(c) City, State, and ZIP Code

Washington

DC

20035

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)

Avlon Sherrill Victory Fund

(b) Address (number and street)

611 Pennsylvania Avenue SE  
Suite 143

(c) City, State, and ZIP Code

Washington

DC

20003

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)

Gillibrand Avlon Victory Fund

(b) Address (number and street)

124 Washington St  
Suite 101

(c) City, State, and ZIP Code

Foxboro

MA

02035

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)

Win New York Victory Fund

(b) Address (number and street)

PO Box 2113

(c) City, State, and ZIP Code

Kingston

NY

12402