

Image# 202301119574673559

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cerullo, John, Edward, Mr.,			2. Candidate's FEC Identification Number H4NY19123	
(b) Address (number and street) 254 Meehan RD		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Margaretville NY 12455		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 19		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2924 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) Cerullo fo Congress - NO CONTRIBUTIONS ACCEPTED		
(b) Address (number and street) 254 Meehan RD		
(c) City, State, and ZIP Code Margaretville NY 12455		

### 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)		
(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 Cerullo, John, Edward, Mr.,  [Electronically Filed]	Date 01/11/2023
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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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.

Form/Schedule: F2N  
Transaction ID :

I will be accepting ZERO Dollars (\$0) in contributions for campaign prior to the Democratic Primary in this district. Any funds purported to be in support of my candidacy are not authorized by me or any committee of mine.

Form/Schedule:  
Transaction ID: