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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                            |                  |                |   |                     |             |               |          |           |
|-----|---|----------------------------|------------------|----------------|---|---------------------|-------------|---------------|----------|-----------|
|     | Gindi, Sammy, , ,   |                            |                  |                |   | 100                 |             | 10            |          |           |
|     | (b) Address (number and street)<br>10 Alba Lane   | ☐ Check if address changed |                  |                | Candidate's FEC Identification Number     H0NJ06230 |                     |             |               |          |           |
|     | (c) City, State, and ZIP Code   |                            |                  |                |   | 3. Is This          |             | ew            |          | Amended   |
|     | West Long Branch  |                            | NJ               | 0776           |   | Statemen            | ,           | l) OR         | ш        | (A)       |
| 4.  | Party Affiliation   | 5. Office Sough            | nt               |                |   | rict of Candidate   | Э           |               |          |           |
|     | REPUBLICAN PARTY  | House                      |                  |                | NJ  | 06                  |             |               |          |           |
|     | DE  | SIGNATIO                   | OF PR            | NCIPAL         | CAMPAIGN  |                     | ΓΕΕ         |               |          |           |
| 7.  | hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) |                            |                  |                |   |                     |             |               |          |           |
|     | NOTE: This designation should be  | filed with the app         | oropriate offic  | ce listed in t | he instructions.                                    |                     |             |               |          |           |
|     | (a) Name of Committee (in full) FRIENDS OF SAMI   | MY GINDI                   |                  |                |   |                     |             |               |          |           |
|     | (b) Address (number and street)<br>10 Alba Lane   |                            |                  |                |   |                     |             |               |          |           |
|     | (c) City, State, and ZIP Code   |                            |                  |                |   |                     |             |               |          |           |
|     | West Long Branch  |                            |                  |                | NJ  | 07764               |             |               |          |           |
|     |   |                            |                  |                |   |                     |             |               |          |           |
|     | DE  | CICNIATIO                  | I OF OT          | JED ALI        | THODIZED  |                     |             |               |          |           |
|     | DE  |                            |                  | _              | THORIZED  ig Representative                         |                     | EES         |               |          |           |
| 8.  | I hereby authorize the following nar candidacy.   | ned committee,             | which is NO      | Γ my princip   | al campaign com                                     | nmittee, to recei   | ve and ex   | pend funds    | on beha  | alf of my |
|     | NOTE: This designation should be  | filed with the prin        | ncipal campa     | ign committ    | ee.   |                     |             |               |          |           |
|     | (a) Name of Committee (in full)   |                            |                  |                |   |                     |             |               |          |           |
|     | (1)   |                            |                  |                |   |                     |             |               |          |           |
|     |   |                            |                  |                |   |                     |             |               |          |           |
|     | (b) Address (number and street)   |                            |                  |                |   |                     |             |               |          |           |
|     |   |                            |                  |                |   |                     |             |               |          |           |
|     | (c) City, State, and ZIP Code   |                            |                  |                |   |                     |             |               |          |           |
|     | (b) Oity, State, and Zii Gode   |                            |                  |                |   |                     |             |               |          |           |
|     |   |                            |                  |                |   |                     |             |               |          |           |
|     | I certify that I have exa   | minad this State           | mont and to      | the best of    | my knowlodgo a                                      | nd haliaf it is tru | io corroct  | and compl     | oto      |           |
|     |   | inninea inis State         | errierit ariu to | THE DESI OF    | Thy knowledge a                                     |                     | ie, correct | ани соттри    |          |           |
|     | gnature of Candidate  |                            |                  |                |   | Date                |             |               |          |           |
|     |   |                            |                  |                |   |                     |             |               |          |           |
| gii | ndi, solomon, , ,   |                            |                  | [Elec          | tronically Filed]                                   | 01/27/2020          |             |               |          |           |
| gii |   |                            |                  | [Elec          | tronically Filed]                                   | 01/27/2020          |             |               |          |           |
|     |   | , or incomplete i          | nformation m     |                | ·   |                     | nt to penal | ties of 2 U.S | S.C. §43 | 7g.       |
|     | ndi, solomon, , ,   | , or incomplete i          | nformation m     |                | ·   |                     | nt to penal | ties of 2 U.S | S.C. §43 | 7g.       |
|     | ndi, solomon, , ,   | , or incomplete i          | nformation m     |                | ·   |                     | nt to penal | ties of 2 U.S | S.C. §43 | 7g.       |

FEC FORM 2 (REV. 02/2009)

## : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F2N Transaction ID:

Legal name solomon but I go by Sammy and would like to appear on ballot as Sammy. not sure which I needed to write

Form/Schedule: Transaction ID: