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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.                          | (a) Name of Candidate (in full)  |  |                |   |                                |                            |
|-----------------------------|--|--|----------------|---|--------------------------------|----------------------------|
|                             | Kennedy, Amy, , ,  |  |                |   | 1                              |                            |
|                             | (b) Address (number and street)<br>PO Box 247  | mber and street)   ** Check if address changed |                | Candidate's FEC Identification Number     H0NJ02171 |                                |                            |
|                             | (c) City, State, and ZIP Code  |  |                |   | 3. Is This No                  |                            |
|                             | Brigantine   |  | NJ 08          | 3203  | Statement (N                   | ) OR (A)                   |
| 4.                          | Party Affiliation  | 5. Office Sought                               |                |   | rict of Candidate              |                            |
|                             | DEMOCRATIC PARTY   | House  |                | NJ  | 02                             |                            |
|                             | DE   | SIGNATION OF P                                 | RINCIPA        | AL CAMPAIGN   | N COMMITTEE                    |                            |
| 7.                          | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) |  |                |   |                                |                            |
|                             | NOTE: This designation should be f   | filed with the appropriate of                  | office listed  | in the instructions.                                |                                |                            |
|                             | (a) Name of Committee (in full)  |  |                |   |                                |                            |
|                             | Amy Kennedy for C  | ongress  |                |   |                                |                            |
|                             | (b) Address (number and street)<br>PO Box 247  |  |                |   |                                |                            |
|                             | (c) City, State, and ZIP Code  |  |                |   |                                |                            |
|                             | Brigantine   |  |                | NJ  | 08203                          |                            |
| 8.                          | I hereby authorize the following nan-<br>candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)         |  |                |   | nmittee, to receive and exp    | pend funds on behalf of my |
|                             | (b) Address (number and street)  |  |                |   |                                |                            |
|                             | (c) City, State, and ZIP Code  |  |                |   |                                |                            |
|                             | •  | nmined this Statement and                      | to the besi    | of my knowledge a                                   | and belief it is true, correct | and complete.              |
| Signature of Candidate Date |  |  |                | Date  |                                |                            |
| K                           | ennedy, Amy, , ,   |  | [E             | lectronically Filed]                                | 01/09/2020                     |                            |
| N                           | OTE: Submission of folso erronous  | or incomplete information                      | n may subje    | at the paragraph signing                            |                                |                            |
|                             | OTE: Submission of laise, enoneous,  | , or incomplete information                    | ii iiiay subje | ect the person signin                               | ng this Statement to penal     | ties of 2 U.S.C. §437g.    |
|                             | OTE: Submission of false, enoneous   | , or incomplete information                    | Timay Subje    | ct the person signin                                | ng this Statement to penal     | ties of 2 U.S.C. §437g.    |

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