

Image# 202510019790638615

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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | |
|--|---------------------------|---|---|--|--|
| 1. (a) Name of Candidate (in full) Nemorin, Dalourny, , , | | | 2. Candidate's FEC Identification Number H6NY15175 | | |
| (b) Address (number and street) PO Box 119 | | <input type="checkbox"/> Check if address changed | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) | |
| (c) City, State, and ZIP Code Bronx | | NY | 10455 | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate NY 15 | | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

Bronx for Dalourny

(b) Address (number and street)

PO Box 119

(c) City, State, and ZIP Code

Bronx

NY 10455

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

Nemorin, Dalourny, , ,

Date

10/01/2025

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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