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FEC FORM 2

STATEMENT OF CANDIDACY

	ne of Candidate (in full)									
	son, Katie, , ,		ook if add	ee obenged		2 Candida	to's EEO Ida	atification N	lumbor	
	(b) Address (number and street) ☐ Check if address changed PO Box 26				Candidate's FEC Identification Number H8NY21252					
	State, and ZIP Code					3. Is This		ew	Amended	
	ene		N	/ 1294		Statem	,) OR	(A)	
4. Party Af		5. Office Sough	nt		6. State & Dist		date			
DEMO	CRATIC PARTY	House			NY	21				
	DE	SIGNATIO	N OF PR	INCIPAL	. CAMPAIGI	N COMMI	TTEE			
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
	This designation should be	filed with the app	oropriate offi	ce listed in	the instructions.					
` ,	ne of Committee (in full)									
Ka	atie Wilson for Co	ngress								
(b) Addi	ress (number and street) Box 26									
(c) City,	State, and ZIP Code									
Ke	eene				NY	12942)			
8 Thereby	DE / authorize the following nar	(Ir	ncluding Joir	nt Fundraisii	THORIZED ng Representativ	/es)		nend funds	on behalf of my	
candida	-	ned committee,	Willow Io TVO	r my pimor	ar campaign cor	111111111111111111111111111111111111111		porta rarrac	on bondin or my	
NOTE:	This designation should be	filed with the prir	ncipal campa	aign commit	tee.					
(a) Nam	ne of Committee (in full)									
(b) Add	ress (number and street)									
(c) City,	State, and ZIP Code									
	I certify that I have exa	amined this State	ement and to	the best of	my knowledge a	and belief it is	true, correct	and compl	ete.	
Signature of Candidate					Date					
Wilson, Ka	tie, , ,			[Elec	ctronically Filed]	07/06/201	17			
NOTE: Sub	omission of false, erroneous	, or incomplete i	nformation n	nay subject	the person signi	ng this Staten	ment to penal	ties of 2 U.	S.C. §437g.	
NOTE: Sub	omission of false, erroneous	, or incomplete i	nformation n	nay subject	the person signi	ng this Staten	ment to penal	ties of 2 U.	S.C. §437g.	

FEC FORM 2 (REV. 02/2009)