

Image# 202412049720239641

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Conaway, Herb, , MD		
(b) Address (number and street) P.O. Box 493		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Willingboro NJ 08046		2. Candidate's FEC Identification Number H4NJ03080
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate NJ 03		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

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) Herb Conaway for Congress		
(b) Address (number and street) P.O. Box 493		
(c) City, State, and ZIP Code Willingboro NJ 08046		

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) 314 Action Impact Slate		
(b) Address (number and street) P.O. Box 14560		
(c) City, State, and ZIP Code Washington DC 20044		

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 Conaway, Herb, , MD	Date 12/04/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

Serve America Victory Fund

(b) Address (number and street)

PO Box 2013

(c) City, State, and ZIP Code

Salem

MA

01970

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

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(a) Name of Committee (in full)

(b) Address (number and street)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code