Image# 201911189165536653 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

										=	
1.	(a) Name of Candidate (in full)										
	Farkas, Evelyn, , ,	100 111									
	(b) Address (number and street) 11 Ridgewood Terrace	☐ Check if address changed				Candidate's FEC Identification Number H0NY17265					
	(c) City, State, and ZIP Code					3. Is This	Ne		Amended	_	
	Chappaqua		N	/ 1051	4	Stateme	ent 🗶 (N) OR	(A)		
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	trict of Candida	ate			_	
	DEMOCRATIC PARTY	House			NY	17					
DESIGNATION OF PRINCIPAL CAMPAIGN 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 filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Evelyn for NY										
	(b) Address (number and street) P.O. Box 662									_	
	(c) City, State, and ZIP Code									_	
	Chappaqua				NY	10514					
(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 exa	mined this State	amont and to	the best of	my knowledge s	and haliaf it is t	truo corroct	and comp	loto	_	
	·	minea mis state	ement and to	ine best of	my knowiedge a		rue, correct	апи сотпрі	ete. 	_	
	gnature of Candidate					Date				•	
F	arkas, Evelyn, , ,			[Elec	tronically Filed]	11/18/2019	9				
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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FEC FORM 2 (REV. 02/2009)