Image# 202001169167202663 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Newsome, Chivona, Renee,  (b) Address (number and street) 965 Sheridan Ave 965 Sheridan Sheridan Ave 965 Sheridan Sheridan Ave 965 Sheridan Sheri											
(c) Address (number and street)  ### School State and State (c) City, State, and ZiP Code  ### School State (c) City, State, and ZiP Code  ### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  ### Thereby designate the following named political committee as my Principal Campaign Committee for the Committee (in full)  ### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  ### Thereby designate the following named political committee as my Principal Campaign Committee for the Committee (in full)  ### COMMITTEE  ### The designation should be filed with the appropriate office listed in the instructions.  ### (a) Address (number and street)  ### BESIGNATION OF OTHER AUTHORIZED COMMITTEES  ### (Including Joint Fundraising Representatives)  ### BESIGNATION OF OTHER AUTHORIZED COMMITTEES  ### (Including Joint Fundraising Representatives)  ### BI In 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.  ### (In Hore of Committee)  ### (In Hore of Committee)  ### DESIGNATION OF OTHER AUTHORIZED COMMITTEES  ### (Including Joint Fundraising Representatives)  ### BI In 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.  ### (In Hore of Committee)  ### (In Hore of	1.										
Sets Sheridan Ave HONY 15293  (c) City, State, and ZiP Code Bronx  4. Party, Affiliation DEMOCRATIC PARTY  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  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)  CHIVONA RENEE NEWSOME FOR CONGRESS  (b) Address (number and street) 955 SHERIDAN AVENUE #58  (c) City, State, and ZIP Code BRONX  NY 10456   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, 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  Nevsome, Chivona, Renee  [Electronically Filed]  Date  01/16/2020											
Bronx NY 10456 Statement (N) OR (A) 4. Party Affiliation DEMOCRATIC PARTY House S. State (S. 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 2020 (year of election)  NOTE: This designation should be filled with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  CHIVONA RENEE NEWSOME FOR CONGRESS  (b) Address (number and street) 955 SHERIDAN AVENUE #58  (c) City, State, and ZIP Code  BRONX NY 10456  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 filled 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  Newsome, Chivona, Renee  [Electronically Filled]		955 Sheridan Ave	☐ Check if address changed								
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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.	Newsome, Chivona, Renee, , [Electronically Filed] 01/16/2020										
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