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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Andrei, Linda, , ,		hook if1-2			O Condidate - FFO ! !	etification November		
	(b) Address (number and street) 955 Taughannock Blvd	☐ Check if address changed				Candidate's FEC Identification Number     H8NY23225			
	(c) City, State, and ZIP Code							ended	
	Ithaca		N۱	1485		Statement X (N	I) OR (A)		
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug House	ht		6. State & Distr	rict of Candidate 23			
	DEMOCRATIO LARTI	110030			141				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE			
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full)  Linda Andrei M.D. for Congress									
	(b) Address (number and street)								
	955 Taughannock Blvd								
	(c) City, State, and ZIP Code								
	Ithaca				NY	14850			
	D.F.	CIONATIO	N OF OT	UED AU	TUODIZED				
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									
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		minea inis Siai	ement and to	ine best of	my knowiedge a	nd belief it is true, correct	апа сотрієте.		
	gnature of Candidate					Date		٠	
Ai	ndrei, Linda, , ,			[Elec	tronically Filed]	12/17/2017			
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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