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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)  |                     |              |              |                  |   |                 |                 |
|---|--|---------------------|--------------|--------------|------------------|---|-----------------|-----------------|
|   | Adorno, Jarrett, Matthews, Mr,   |                     |              |              |                  |   |                 |                 |
|   | (b) Address (number and street)<br>3525 Decatur Ave<br>Apt 1h  |                     |              |              |                  | Candidate's FEC Identification Number     H4NY01196 |                 |                 |
|   | (c) City, State, and ZIP Code  |                     |              |              |                  | 3. Is This  | New             | Amended         |
|   | Bronx  |                     | NY           | 10467        | 7                | Statement X   | (N) OR          | (A)             |
| 4.  | Party Affiliation  | 5. Office Sought    |              |              | 6. State & Dist  | rict of Candidate                                   |                 |                 |
|   | INDEPENDENT  | House               |              |              | NY               | 01  |                 |                 |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                     |              |              |                  |   |                 |                 |
| 7.  | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) |                     |              |              |                  |   |                 |                 |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                   |                     |              |              |                  |   |                 |                 |
|   | (a) Name of Committee (in full)  |                     |              |              |                  |   |                 |                 |
| Co-op of communities  |  |                     |              |              |                  |   |                 |                 |
|   | (b) Address (number and street)  |                     |              |              |                  |   |                 |                 |
|   | 3525 Decatur ave   |                     |              |              |                  |   |                 |                 |
|   | Apt 1h   |                     |              |              |                  |   |                 |                 |
|   | (c) City, State, and ZIP Code  |                     |              |              |                  |   |                 |                 |
|   | Bronx  |                     |              |              | NY               | 10467   |                 |                 |
|   |  |                     |              |              |                  |   |                 |                 |
|   | D.F.   | OLONIATION 6        | SE OTU       | ED 4113      |                  | 001414177550  |                 |                 |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives) |  |                     |              |              |                  |   |                 |                 |
|   |  |                     |              |              |                  |   |                 |                 |
| 8.  | I hereby authorize the following nan candidacy.  | ned committee, whic | ch is NOT i  | my principa  | al campaign con  | nmittee, to receive and                             | expend funds    | on behalf of my |
| 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 Stateme  | nt and to th | ne best of r | my knowledge a   | and belief it is true, corr                         | ect and compl   | ete.            |
| Signature of Candidate Date   |  |                     |              |              |                  |   |                 |                 |
| 1   | dorno, Jarrett, Matthews, Mr,  | 02/04/2024          |              |              |                  |   |                 |                 |
| А   | aorno, jarren, mannews, mr,  | 02/04/2024          |              |              |                  |   |                 |                 |
|   |  |                     |              |              |                  |   |                 |                 |
|   |  |                     |              |              |                  |   |                 |                 |
| N   | OTE: Submission of false, erroneous  | or incomplete infor | mation ma    | y subject tł | ne person signir | ng this Statement to pe                             | nalties of 2 U. | S.C. §437g.     |
| N   | OTE: Submission of false, erroneous  | or incomplete infor | mation ma    | y subject th | ne person signir | ng this Statement to pe                             | nalties of 2 U. | S.C. §437g.     |
| N   | OTE: Submission of false, erroneous  | or incomplete infor | mation ma    | y subject th | ne person signir | ng this Statement to pe                             | nalties of 2 U. | S.C. §437g.     |

FEC FORM 2 (REV. 02/2009)