

Image# 201907319161300709

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Blake, Michael, Alexander, ,			2. Candidate's FEC Identification Number HONY15194	
(b) Address (number and street) PO Box 4853		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code New York		NY	10185	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. 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 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) Michael Blake for Congress		
(b) Address (number and street) PO Box 4853		
(c) City, State, and ZIP Code New York NY 10185		

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) Blake Harrison Victory Fund		
(b) Address (number and street) PO Box 75357		
(c) City, State, and ZIP Code Washington DC 20013		

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 Blake, Michael, , , <i>[Electronically Filed]</i>	Date 07/31/2019
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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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