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## FEC FORM 2

## STATEMENT OF CANDIDACY

| =   |   |                            |               |               |                |   |               |            |                   |  |
|---|---|----------------------------|---------------|---------------|----------------|---|---------------|------------|-------------------|--|
| 1.  | (a) Name of Candidate (in full) LaTona, Jon, , ,  |                            |               |               |                |   |               |            |                   |  |
|   | (b) Address (number and street) 1943 Narragansett Ave   | ☐ Check if address changed |               |               |                | 2. Candidate's FEC Identification Number<br>H6NY15159 |               |            |                   |  |
|   | (c) City, State, and ZIP Code   |                            |               |               |                | 3. Is This  | s Ne          | ew         | Amended           |  |
|   | Bronx   | NY 10461                   |               |               | Staten         | nent X (N   | I) OR         | (A)        |                   |  |
| 4.  | Party Affiliation   | 5. Office Sou              |               |               | 6. State & Dis |   | date          |            |                   |  |
|   | DEMOCRATIC PARTY  | House                      |               |               | NY             | 15  |               |            |                   |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                            |               |               |                |   |               |            |                   |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) |                            |               |               |                |   |               |            |                   |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |                            |               |               |                |   |               |            |                   |  |
|   | (a) Name of Committee (in full)   |                            |               |               |                |   |               |            |                   |  |
|   | Friends of Jon LaTona   |                            |               |               |                |   |               |            |                   |  |
| (b) Address (number and street)   |   |                            |               |               |                |   |               |            |                   |  |
|   | 1943 Narragansett Ave   |                            |               |               |                |   |               |            |                   |  |
|   | (c) City, State, and ZIP Code   |                            |               |               |                |   |               |            |                   |  |
|   | Bronx   |                            |               |               | NY             | 10461   | I             |            |                   |  |
| _   |   |                            |               |               |                |   |               |            |                   |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  |   |                            |               |               |                |   |               |            |                   |  |
| (Including Joint Fundraising Representatives)   |   |                            |               |               |                |   |               |            |                   |  |
| 8.  | I hereby authorize the following nan candidacy.   | ned committee              | , which is NO | T my principa | al campaign co | mmittee, to re  | eceive and ex | pend funds | s on behalf of my |  |
|   | NOTE: This designation should be filed with the principal campaign committee.   |                            |               |               |                |   |               |            |                   |  |
|   | (a) Name of Committee (in full)   |                            |               |               |                |   |               |            |                   |  |
|   |   |                            |               |               |                |   |               |            |                   |  |
|   | (h) Address (number and street)   |                            |               |               |                |   |               |            |                   |  |
| (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.                    |   |                            |               |               |                |   |               |            |                   |  |
| Si  | Signature of Candidate Date .   |                            |               |               |                |   |               |            |                   |  |
|   |   |                            |               |               |                |   | 12/16/2024    |            |                   |  |
| LaTona, Jon, , , 12/16/2024   |   |                            |               |               |                |   |               |            |                   |  |
|   |   |                            |               |               |                |   |               |            |                   |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |   |                            |               |               |                |   |               |            |                   |  |
|   |   |                            |               |               |                |   |               |            |                   |  |
|   |   |                            |               |               |                |   |               |            |                   |  |
|   |   | 1                          | I             | I             | 1              |   | 1             | 1          |                   |  |

FEC FORM 2 (REV. 02/2009)