

# FEC FORM 2

## STATEMENT OF CANDIDACY

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|                                                              |                              |                                                     |                                        |                                                                                                          |
|--------------------------------------------------------------|------------------------------|-----------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>RONGERLIS CAZEL LEVINE |                              |                                                     | 2. FEC Candidate Identification Number |                                                                                                          |
| (b) Address (number and street)<br>P.O. BOX 2776             |                              | <input type="checkbox"/> Check if address changed   |                                        | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code<br>CHESTERFIELD, VA 23832      |                              |                                                     |                                        |                                                                                                          |
| 4. Party Affiliation<br>DEMOCRATIC                           | 5. Office Sought<br>CONGRESS | 6. State & District of Candidate<br>VA - DISTRICT 4 |                                        |                                                                                                          |

### 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)<br>CAZEL FOR CONGRESS   |
| (b) Address (number and street)<br>P.O. BOX 2776        |
| (c) City, State, and ZIP Code<br>CHESTERFIELD, VA 23832 |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

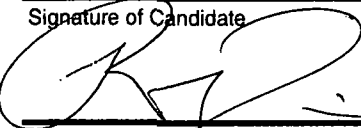
(Including Joint Fundraising Representatives)

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   |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

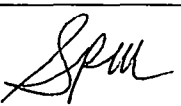
|                                                                                                              |                    |
|--------------------------------------------------------------------------------------------------------------|--------------------|
| Signature of Candidate<br> | Date<br>04/04/2020 |
|--------------------------------------------------------------------------------------------------------------|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                                             |                                                     |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                                                     | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                                                              | Postmarked<br>Date of Receipt                       |
| <input type="checkbox"/> USPS Registered/Certified                                                          | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                                                 | Postmarked                                          |
| <input type="checkbox"/> USPS Priority Mail Express                                                         | Postmarked                                          |
| <input type="checkbox"/> Postmark Illegible                                                                 |                                                     |
| <input type="checkbox"/> No Postmark                                                                        |                                                     |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): Fed Ex                            | Shipping Date<br>4/7/20                             |
|                                                                                                             | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office                                  | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office                                         | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                                             | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                                                   | Date of Receipt or Postmarked                       |
| <br>PREPARER<br>(3/2015) | 6/24/20<br>DATE PREPARED                            |

2020-06-24 10:00:00 AM