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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)					
Avlon, John, , ,					
(b) Address (number and street) PO Box 1200	☐ Check if address changed				Candidate's FEC Identification Number H4NY01204
(c) City, State, and ZIP Code					3. Is This New Amended
Sag Harbor		NY	1196	3	Statement (N) OR X (A)
4. Party Affiliation	5. Office Sought				rict of Candidate
DEMOCRATIC PARTY	House			NY	01
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE					
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)					
John Avlon for Cong	ress				
(b) Address (number and street)					
PO Box 1200					
(c) City, State, and ZIP Code					
Sag Harbor				NY	11963
 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)					
John Avlon Victory I	und				
(b) Address (number and street)					
611 Pennsylvania Avenue SE					
Suite 143					
(c) City, State, and ZIP Code				50	00000
Washington				DC	20003
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					Date
Avlon, John, , ,					06/15/2024
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.					

FEC FORM 2 (REV. 02/2009)