

Image# 202402219622158771

PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Havens, Khalif, , ,			2. Candidate's FEC Identification Number H4NY05130		
(b) Address (number and street) 5715 Shore Front Parkway APT 1603		<input type="checkbox"/> Check if address changed		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Arverne		NY	11692		
4. Party Affiliation NONE	5. Office Sought House	6. State & District of Candidate NY 05			

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) It Takes A Village		
(b) Address (number and street) 5715 Shore Front Parkway APT 1603		
(c) City, State, and ZIP Code Arverne NY 11692		

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 Havens, Khalif, , ,	Date 02/21/2024
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 < 98 I @ C F H 9 A = N5 H C B

Form/Schedule: F2N

Transaction ID :

2024 Special Election.

Form/Schedule:

Transaction ID: