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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Bellon, David, A., , Esq.							
	(b) Address (number and street) 61-43 186th Street	et)			2. Candidate's FEC Identification Number S4NY00313			
	(c) City, State, and ZIP Code						ew Amend	led
	Fresh Meadows		NY	/ 113	66	Statement (I	N) OR (A)	
4.	Party Affiliation	5. Office Soug	nt			rict of Candidate		
	REPUBLICAN PARTY	Senate			NY	00		
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE		
7.	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 f	iled with the ap	oropriate offi	ce listed in	the instructions.			
	(a) Name of Committee (in full)							
	David A. Bellon for	United Sta	ates Ser	nate				
	/h\ \ \ ddragg (nnah ay and atya at\							
	(b) Address (number and street) 61-43 186th Street							
	(c) City, State, and ZIP Code							
	Fresh MNeadows				NY	11366		
8.	I hereby authorize the following nan	(1	ncluding Join	nt Fundraisi	ng Representative	,	xpend funds on behalf of m	y
	candidacy. NOTE: This designation should be f	iled with the pri	ncipal campa	ian commit	tee.			
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
		mined this State	ement and to	the best o	f my knowledge a	and belief it is true, correc	t and complete.	
Si	gnature of Candidate					Date		
Be	ellon, David, A., , Esq.			[Elec	ctronically Filed]	03/04/2023		
N	DTE: Submission of false, erroneous	or incomplete	nformation n	nay subject	the person signin	g this Statement to pena	Ities of 2 U.S.C. §437g.	
N	DTE: Submission of false, erroneous	or incomplete	nformation n	nay subject	the person signin	ng this Statement to pena	Ities of 2 U.S.C. §437g.	<u> </u>
NO	DTE: Submission of false, erroneous	or incomplete	nformation n	nay subject	the person signin	ng this Statement to pena	Ities of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)