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# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                               |                                  |                                                                                                          |                                                       |  |
|---------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br>Doctor, Jerome, , ,     |                                  |                                                                                                          | 2. Candidate's FEC Identification Number<br>P40009730 |  |
| (b) Address (number and street)<br>137 West 116th St. Apt # 4 |                                  | <input type="checkbox"/> Check if address changed                                                        |                                                       |  |
| (c) City, State, and ZIP Code<br>NY NY 10026                  |                                  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |                                                       |  |
| 4. Party Affiliation<br>DEMOCRATIC PARTY                      | 5. Office Sought<br>Presidential | 6. State & District of Candidate<br>00                                                                   |                                                       |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2023 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>Jerome Doctor          |  |
| (b) Address (number and street)<br>137 West 116th Apt # 4 |  |
| (c) City, State, and ZIP Code<br>NY NY 10026              |  |

### 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>Doctor, Jerome, , ,<br><br>[Electronically Filed] | Date<br>11/19/2022 |
|-----------------------------------------------------------------------------|--------------------|

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

|  |  |  |  |  |  |  |  |  |
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