

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2014 DEC -1 AM 6:46

1. (a) Name of Candidate (in full) <b>Adam Clayton Powell IV</b>		FEC MAIL CENTER	
(b) Address (number and street) <input checked="" type="checkbox"/> Check if address changed <b>420 EAST 117th St, Suite 2</b>		2. Candidate's FEC Identification Number <b>C00542761</b>	
(c) City, State, and ZIP Code <b>NEW YORK, NY 10035</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <b>DEMOCRAT</b>	5. Office Sought <b>U.S. House - Congress</b>	6. State & District of Candidate <b>NY 13<sup>th</sup> CONGRESSIONAL DISTRICT N.Y.</b>	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) <b>Adam Clayton Powell for Congress</b>	
(b) Address (number and street) <b>420 EAST 117th Street, Suite 2</b>	
(c) City, State, and ZIP Code <b>NEW YORK, NY 10035</b>	

**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 <b>Adam C. Powell</b>	Date <b>Oct-30, 2014</b>
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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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NOON | SUN | WED

Alden Clayton Powell

420 East 117<sup>th</sup> St. Ste 2  
NY, NY 10035


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Federal Election Commission  
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