FEC FORM 2 STATEMENT OF CANDIDACY

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(a) Name of Candidate (in full) Peter William Sherrill			KECFI	Vivi		
(b) Address (number and street)	☐ Check if address changed		2. FEC Candida	ite Identification Nu	mber	
300 Hayward Ave 3C			760013281 3. 15 This 3	RE Nevet	Amended	
(c) City, State, and ZIP Code Mount Vernon, N.Y.10552		,	Statement	(N) OR	(A)	
4. Party Affiliation Republican	5. Office Sought President	6. State & Distr	ict of Candidate			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions.						
(a) Name of Committee (in full)			·			
Friends of Peter	W. Sherrill					
(b) Address (number and street)						
PO Box 437						
(c) City, State, and ZIP Code						
Mount Vernon	New York 10552)				
Would verifor, i	New Tolk 10002	·		·		
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 committ	ee.				
	NONE					
(a) Name of Committee (in full)						
(b) Address (number and street)				· 		
(c) City, State, and ZIP Code				. 		
I certify that I have example	mined this Statement and to the best of	my knowledge a	nd belief it is true,	, correct and comp	lete.	
Signature of Candidate	W-Shuri	4	Date	29/20	19	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to/penalties of 52 U.S.C. §30109.						

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Optional Supplemental Page for Designation

FEC Form 2S (Revised 02/2017)

of Additional Authorized Committees

Page	of	

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)				
	NONE				
	(b) Address (number and street)				
	(c) City, State, and ZIP Code				
-					
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.				
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	NONE				
	(b) Address (number and street)				
	(c) City, State, and ZIP Code				
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	(a) Name of Committee (in full)				
	(b) Address (number and street)				

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DAY SOLVE

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Received from Senate Public Records Office	Date of Receipt		
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Other (Specify):	te of Receipt or Postmarked		
nf	9-3-19		
PREPARER (3/2015)	DATE PREPARED		