

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL CENTER

1. (a) Name of Candidate (in full) <u>Rita Anna-Maria Krichевsky</u>		2020 FEB 12 AM 10:23
(b) Address (number and street) <u>P.O. Box 6443 (1 Crown Lane Unit # 6443)</u>		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <u>Lawrenceville NJ 08648</u>		3. Is This Statement ☒ New (N) OR ☐ Amended (A)
4. Party Affiliation <u>Democratic</u>	5. Office Sought <u>President</u>	6. State & District of Candidate <u>-</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) <u>For America's Health - Dr. Rita Krichевsky for President</u>
(b) Address (number and street) <u>P.O. Box 6443</u>
(c) City, State, and ZIP Code <u>Lawrenceville NJ 08648</u>

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 <u>[Signature]</u>	Date <u>2/3/20</u>
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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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FOR AMERICAS HEALTH - ~~UNIVERSITY AND INSURANCE~~ : ONION
Attn: Dr. Rita Krichewsky
PO. Box 6443
Lawrenceville, NJ 08648

Federal Election Commission
1050 First Street N.E.
Washington, D.C. 20463

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Federal Election Commission
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2020-01-14 14:00:00