

Image# 202404199633505850

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Kale, Andrea Doria, , ,		
(b) Address (number and street) 4239 Houston Lane		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code North Port FL 34287		2. Candidate's FEC Identification Number H2FL17106
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate FL 18		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) ANDREA DORIA KALE FOR CONGRESS		
(b) Address (number and street) 4239 HOUSTON LANE		
(c) City, State, and ZIP Code NORTH PORT FL 34287		

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 Kale, Andrea Doria, , ,	Date 04/19/2024
---	--------------------

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

--	--	--	--	--	--	--	--	--