## FEC FORM 2 STATEMENT OF CANDIDACY

David Nachbar				1				
(b) Address (number and street) ☐ Check if address changed			2. Identification Number					
333 <u>Mendon Center Rd.</u> (c) City, State, and ZIP Code			3. Is This New Amende					
Pittsford, NY 14534				Staten			OR	(A)
. Party Affiliation	5. Office Sought		6. State & Dis	trict of Candid	late			
<u>DEM</u>	House		NY-29					
NOTE: This designation should be		ee as my Principal C	Campaign Com	mittee for the	2000	election	_ election(s	<del></del> .
(a) Name of Committee (in full)								
Nachbar for Congress	S							
(b) Address (number and street)								
PO Box 52								
(c) City, State, and ZIP Code								
Pittsford, NY 15434								
	DESIGNATION OF	F OTHER AU	THORIZED	COMMIT	TEES			
. I hereby authorize the following (	·	ing Joint Fundraisin Lis NOT my princip:		•	rceive an	d exnen	d funds on	hehalf of my
candidacy.								,
NOTE: This designation should be	e filed with the principal	campaign committe	ee.					
	be filed with the principal	campaign committe	<del>00</del> .					
NOTE: This designation should be a committee (in full)	be filed with the principal	campaign committe	<del>20</del> .					
(a) Name of Committee (in full)		campaign committe	<del>ee</del> .					
		campaign committe	<del>00</del> .				<u></u>	
(a) Name of Committee (in full)  (b) Address (number and street)		campaign committe	<del>00</del> .				<u></u>	
(a) Name of Committee (in full)		campaign committe	<del>00</del> .				<u> </u>	
(a) Name of Committee (in full)  (b) Address (number and street)		campaign committe	<del>20</del> .				· · · · · · · · · · · · · · · · · · ·	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code				JNDS (Ho	use o	Sena	ate Only	/)
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	OF INTENT TO	EXPEND PÉR	SONAL FL	•	u\$e o	r Sena	ate Only	/)
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	I OF INTENT TO E	EXPEND PÉR	SONAL FU	у .			-	·)
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	OF INTENT TO	EXPEND PÉR	SONAL FL	•			-	<i>,</i> )
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	I OF INTENT TO E	EXPEND PÉR ld amount (see 11 0	SONAL FU	у .	imary ele	etion, a	-	/)
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  I intend to expend personal fund	I OF INTENT TO E Is exceeding the threshol 9A 9B	EXPEND PÉR ld amount (see 11 (	SONAL FU C.F.R. 400.9) by 0.00 0.00	for the pr	imary ele aneral ele	etion, a	nd	,)
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  I intend to expend personal fund  If you do not intend to expend p	I <b>OF INTENT TO E</b> Is exceeding the threshol  9A  9B ersonal funds exceeding	EXPEND PER Id amount (see 11 0	SONAL FU C.F.R. 400.9) by 0.00 0.00 unt for either ele	for the pr for the go ection, you mo	imary ele aneral ele ust enter	etion, a etion. "0.00" fe	nd or each.	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  I intend to expend personal fund  If you do not intend to expend p	I OF INTENT TO E Is exceeding the threshol 9A 9B	EXPEND PER Id amount (see 11 0	SONAL FU C.F.R. 400.9) by 0.00 0.00 unt for either ele	for the pr for the go ection, you mo	imary ele aneral ele ust enter	etion, a etion. "0.00" fe	nd or each.	
(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  I intend to expend personal fund  If you do not intend to expend p	I <b>OF INTENT TO E</b> Is exceeding the threshol  9A  9B ersonal funds exceeding	EXPEND PER Id amount (see 11 0	SONAL FU C.F.R. 400.9) by 0.00 0.00 unt for either ele	for the pr for the go ection, you mo	imary ele aneral ele ust enter s true, co	ction, a ction. "0.00" fo	nd or each.	
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
	Date of Receipt
Hand Delivered	
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Con	firmation™ Label
USPS Express Mail	Postmarked
Postmark illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Sh-	5/4/01
PREPARER	DATE PREPARED
(3/2005)	