

Image# 201601119004447856

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Anna Kaplan		
(b) Address (number and street) PO Box 597		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Manhasset NY 11030		2. Candidate's FEC Identification Number H6NY03205
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate NY 03

### 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) Kaplan for Congress		
(b) Address (number and street) PO Box 597		
(c) City, State, and ZIP Code Manhasset NY 11030		

### 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 Anna Kaplan  <i>[Electronically Filed]</i>	Date 01/11/2016
--	--------------------

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

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