

Image# 202601069793913886

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Pou, Nelida, , ,			2. Candidate's FEC Identification Number H4NJ09194		
(b) Address (number and street) PO Box 2696		<input type="checkbox"/> Check if address changed		3. Is This Statement	
(c) City, State, and ZIP Code Paterson		NJ 07509		<input type="checkbox"/>	New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NJ 09			

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

**Nellie Pou for Congress**

(b) Address (number and street)

PO Box 2696

(c) City, State, and ZIP Code

Paterson

NJ

07509

### 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)

**Democracy Summer 2026**

(b) Address (number and street)

600 Pennsylvania Avenue SE

#15180

(c) City, State, and ZIP Code

Washington

DC

20003

*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

Pou, Nelida, , ,

Date

01/06/2026

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

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**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)

**Jeffries Battleground Protection Fund**

(b) Address (number and street)

430 South Capitol Street SE  
2nd Floor

(c) City, State, and ZIP Code

Washington

DC

20003

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)

**Clark Frontline Victory Fund**

(b) Address (number and street)

600 Pennsylvania Ave SE  
#15180

(c) City, State, and ZIP Code

Washington

DC

20003

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

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