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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cappello, John, , ,		
(b) Address (number and street) 18B Somerset Drive		☐ Check if address changed
(c) City, State, and ZIP Code Suffern NY 10901		2. Candidate's FEC Identification Number H6NY17221
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate NY 17		3. Is This Statement ☒ New (N) OR ☐ Amended (A)

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) Cappello for Congress		
(b) Address (number and street) PO Box 105		
(c) City, State, and ZIP Code Suffern NY 10901		

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 Cappello, John, , ,	Date 08/05/2025
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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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