Image# 202402149619767913 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)						
Kennedy, Timothy, , , (b) Address (number and street)	☐ Check if address changed		Candidate's FEC Identification Number			
PO Box 536	□ Check if address changed		H4NY26078			
(c) City, State, and ZIP Code	N D	4 4 4 2 0 :	1	3. Is This Ne		
Buffalo 4. Party Affiliation	5. Office Sought	Y 1420		Statement (N)) OR X (A)	
DEMOCRATIC PARTY	House		NY	26		
DE	SIGNATION OF PR	INCIPAL	CAMPAIGN	COMMITTEE		
. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (vear of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.					
(a) Name of Committee (in full)						
Kennedy for Congre	SS					
(b) Address (number and street)						
PO Box 536						
(c) City, State, and ZIP Code						
Buffalo			NY	14201		
DE 8. I hereby authorize the following nam	, -	nt Fundraisin	g Representative	es)	pend funds on behalf of my	
candidacy.	ed committee, which is ivo	т тту рттыра	ar campaign con	innitiee, to receive and exp	bena funus on benan or my	
NOTE: This designation should be fi	led with the principal campa	aign committe	ee.			
(a) Name of Committee (in full)						
Kennedy Suozzi Vic	tory Fund					
(b) Address (number and street)						
611 Pennsylvania Avenue SE						
Suite 143 (c) City, State, and ZIP Code						
Washington			DC	20003		
<u> </u>						
I certify that I have exam	mined this Statement and to	o the best of i	my knowledge al	nd belief it is true, correct	and complete.	
Signature of Candidate				Date		
Kennedy, Timothy, , ,				02/14/2024		
NOTE: Submission of false, erroneous,	or incomplete information r	may subject t	ne person signin	g this Statement to penalt	ies of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F Hz G7 < 98 I @ 'C F ' + H9 A = N5 H+ C B

Form/Schedule: F2A Transaction ID:

Regular 2024 Election and Special 2024 Election.

Form/Schedule: Transaction ID:

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	³ of	3	
Page	01		

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)						
	Kennedy Victory Fund						
	(b) Address (number and street) 611 Pennsylvania Avenue SE Ste. 143						
	(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						
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						