

Image# 202306279582392914

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Carr, MaryAnn, , ,			2. Candidate's FEC Identification Number H4NY17150	
(b) Address (number and street) PO Box 173		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Bedford Hills CA 10507		3. Is This Statement <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 NY 17		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) MARYANN CARR FOR CONGRESS		
(b) Address (number and street) PO BOX 173		
(c) City, State, and ZIP Code BEDFORD HILLS NY 10507		

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 Carr, MaryAnn, , Ms., <i>[Electronically Filed]</i>	Date 06/27/2023
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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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