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FEC FORM 2

STATEMENT OF CANDIDACY

1.	. (a) Name of Candidate (in full) Sherrill, Mikie, , ,										
	b) Address (number and street)				Candidate's FEC Identification Number H8NJ11142						
	City State and ZIP Code				3. Is This		2///	Δm	ended		
	Montclair) City, State, and ZIP Code Montclair NJ 07043			Staten			x (A)			
4.	Party Affiliation		5. Office Soug	ght		6. State & Dis	trict of Candid	date			
	DEMOCRATIC PA	RTY	House			NJ	11				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Mikie Sherrill for Congress										
	(b) Address (number and street) PO Box 43032										
	(c) City, State, and Z	IP Code									
	Montclair					NJ	07043	3			
	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 Commit	tee (in full)									
	Service First Women's Victory Fund										
	(b) Address (number and street) PO Box 9										
	(c) City, State, and Z	IP Code									
	Lexington	0040				KY	40588				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Sic	Signature of Candidate Date										
Sherrill, Mikie, , ,				[Electronically Filed]			11/14/20	22			
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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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ndidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	New Jersey Democratic State Committee							
	(b) Address (number and street) 196 West State Street							
	(c) City, State, and ZIP Code							
	Trenton	NJ	08608					
8.	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) MEECA Victory Fund							
	(b) Address (number and street) 910 17th St NW							
	Ste 925							
	(c) City, State, and ZIP Code	D O	20006					
	Washington	DC	20006					
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full) Serve America Victory Fund (b) Address (number and street)		•					
	PO Box 2013							
	(c) City, State, and ZIP Code							
	Salem	MA	01970					
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of m candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)							
	Democracy Defenders							
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Stand Up for Democracy JFA						
	(b) Address (number and street) PO Box 5418						
	(c) City, State, and ZIP Code						
	Takoma Park	MD	20913				
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campain		nmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	NJ Dems Victory Fund						
	(b) Address (number and street) 196 W State St						
	(c) City, State, and ZIP Code						
	Trenton	NJ	08608				
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaid. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		mmittee, to receive and expend funds on behalf of my				
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaid. (a) Name of Committee (in full)		mmittee, to receive and expend funds on behalf of my				
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						