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FEC FORM 2

STATEMENT OF CANDIDACY

_									
1.	(a) Name of Candidate (in full)								
	Morelle, Joseph, D, ,		1. 16 = 2.1	ala a a a a a		O Condidatela FFO LL (17 11 AL)			
	(b) Address (number and street) P.O. Box 90914	□Chec	k if address	changed		Candidate's FEC Identification Number H8NY25105			
	(c) City, State, and ZIP Code					3. Is This New Ar	mended		
	Rochester		NY	14609		Statement (N) OR X (A)		
4.	Party Affiliation	5. Office Sought				trict of Candidate			
	DEMOCRATIC PARTY	House			NY	25			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following nar	med political comm	nittee as my	Principal C	Campaign Comr	mittee for the $\frac{2026}{\text{(year of election)}}$ election(s).			
	NOTE: This designation should be to	filed with the appro	priate office	listed in th	e instructions.				
	(a) Name of Committee (in full)								
	Joe Morelle for Con	gress							
	(b) Address (number and street)								
	P.O. Box 90914								
	(c) City, State, and ZIP Code								
	Rochester				NY	14609			
	DE	SIGNATION	OF OTH	ER AU1	HORIZED	COMMITTEES			
		(Incl	uding Joint F	undraisin	g Representativ	res)			
0	I horoby outhorize the following pen	and committee wh	ich ic NOT r	my principa	al compoian con	mmittee, to receive and expend funds on behalf	of my		
0.	candidacy.	ned committee, wit	ICITIS NOT I	пу рипогра	a campaign coi	militee, to receive and expend funds on behan	Of Hily		
	NOTE: This designation should be f	iled with the princip	oal campaig	n committe	ee.				
	(a) Name of Committee (in full)								
	MORELLE VICTOR	RY FUND							
	(b) Address (number and street)								
	P.O. BOX 90914								
	(c) City, State, and ZIP Code								
	ROCHESTER				NY	14609			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Sig	gnature of Candidate					Date			
Morelle, Joseph, D, ,				08/19/2025					
	, , , , , , , , , , , , , , , ,								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
NC	OTE: Submission of false, erroneous	, or incomplete info	ormation mag	y subject th	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g].		
NC	OTE: Submission of false, erroneous	, or incomplete info	ormation mag	y subject th	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g].		
NC	OTE: Submission of false, erroneous	, or incomplete info	ormation mag	y subject tl	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g	j.		

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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Page	OI		

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)								
	COMMUNITIES UNITED FUND								
	(b) Address (number and street) PO BOX 15320								
	(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 r candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) KENNEDY MORELLE VICTORY FUND								
	(b) Address (number and street) 611 PENNSYLVANIA AVE 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 candidacy. NOTE : This designation should be filed with the principal campai (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								
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)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								