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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)	_								
	Agoda-Koussema, Komi, L.T.									
	(b) Address (number and street) 48 Spartan Avenue	☐ Check if address changed				Candidate's FEC Identification Number     H2NY11165				
	(c) City, State, and ZIP Code					3. Is This		ew	Amended	
	Staten Island	NY 10303				Staten	nent 🗶 (N	l) OR	(A)	
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist	trict of Candid	date			
	DEMOCRATIC PARTY	House			NY	11				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full)  AGODA4CONGRESS										
	(b) Address (number and street) 27 HUDSON STREET									
	(c) City, State, and ZIP Code									
	STATEN ISLAND				NY	10304	1			
	DI	CIONATIO	N OF OT	LIED ALI	TUODIZED.	COMMUT	TEEO			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8.	I hereby authorize the following national candidacy.	ned committee	, which is NO	T my princip	al campaign cor	mmittee, to re	eceive and ex	pend funds	s on behalf of my	
	NOTE: This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
(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.										
Si	ignature of Candidate					Date				
Agoda-Koussema, Komi, L.T., Dr., [Electronically Filed]										
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)