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## FEC FORM 2

## STATEMENT OF CANDIDACY

_									
1.	(a) Name of Candidate (in full)								
	Farley, Chele, Chiavacci, , (b) Address (number and street)		Check if addre	an ahangad		2. Candidate's FEC Identif	fication Number		
	PO Box 835		Sheck ii addre	ss changed		H0NY18172	ncation Number		
	(c) City, State, and ZIP Code					3. Is This New	4.4		
	Tuxedo		N)	/ 1098	7	Statement (N)	OR (A)		
4.	Party Affiliation	5. Office Souç	ght			rict of Candidate			
	REPUBLICAN PARTY	House			NY	18			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following nar	med political co	ommittee as n	ny Principal	Campaign Comr	nittee for the 2020 (year of election	election(s). on)		
	NOTE: This designation should be f	iled with the ap	ppropriate offi	ce listed in t	ne instructions.				
	(a) Name of Committee (in full)  CHELE FARLEY FO	OR CONG	GRESS II	NC.					
	(b) Address (number and street) PO BOX 835								
	(c) City, State, and ZIP Code								
	TUXEDO				NY	10987			
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
8.	I hereby authorize the following name candidacy.	ned committee	, which is NO	T my princip	al campaign cor	nmittee, to receive and expe	nd funds on behalf of my		
	NOTE: This designation should be f	iled with the pr	rincipal campa	aign committ	ee.				
	(a) Name of Committee (in full)								
	TAKE BACK THE H	IOUSE 20	020						
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA				MD	20824-0844			
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	nd belief it is true, correct ar	nd complete.		
Si	gnature of Candidate					Date			
Fa	ırley, Chele, Chiavacci, ,			[Elec	tronically Filed]	08/18/2020			
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

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.	candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	FARLEY FOR NY-18								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA MD 20824								
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. <b>NOTE</b> : 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. <b>NOTE</b> : 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. <b>NOTE</b> : 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								