

Image# 201910159164599997

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Suozzi, Thomas, , ,		2. Candidate's FEC Identification Number H6NY03247
(b) Address (number and street) PO Box 669		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Glen Cove NY 11542		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 03

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Suozzi for Congress		
(b) Address (number and street) PO Box 669		
(c) City, State, and ZIP Code Glen Cove NY 11542		

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) Suozzi Victory Fund		
(b) Address (number and street) PO Box 669		
(c) City, State, and ZIP Code Glen Cove NY 11542		

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 Suozzi, Thomas, , , <i>[Electronically Filed]</i>	Date 10/15/2019
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

The GPS Victory Fund

(b) Address (number and street)

PO Box 83142

(c) City, State, and ZIP Code

Gaithersburg

MD

20883

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)

Nadler Victory Fund

(b) Address (number and street)

200 W 79th St

#8N

(c) City, State, and ZIP Code

New York

NY

10024

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)

The GPS Victory Fund

(b) Address (number and street)

PO Box 83142

(c) City, State, and ZIP Code

Gaithersburg

MD

20883

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)

Problem Solvers Heroes

(b) Address (number and street)

918 Pennsylvania Ave SE

(c) City, State, and ZIP Code

Washington

DC

20003