



## Disclosure Statement Certification

Candidate or Authorized Committee Name: Joe Biden

Representative: O. Bernard

Address: 1225 Franklin Ave. Ste 325 Garden City NY 11530

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Method of Disclosure (check all that apply):

Telephone \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

Mail \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

Email to Katz (person's name) on 9/21/2020 (date)

In person \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

Station Representative (signature): Maureen Bulfield

Candidate or Representative (signature): \_\_\_\_\_

Date: \_\_\_\_\_

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