



Disclosure Statement Certification

Candidate or Authorized Committee Name: Joe Biden

Representative: D. Barnard

Address: 1225 Franklin Ave Ste 325 Garden City NY 11530

Phone: _____

Method of Disclosure (check all that apply):

Telephone _____ (person's name) on _____ (date)

Mail _____ (person's name) on _____ (date)

Email to Kertz (person's name) on 9/28/2020 (date)

In person _____ (person's name) on _____ (date)

Station Representative (signature): Maureen Deford

Candidate or Representative (signature): _____

Date: _____

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