FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Cartwright, Matthew, A., , (b) Address (number and street)	Chook if address shared			angad		Candidate's FEC Identification Number	
	PO Box 414	☐ Check if address changed			angeu		H2PA17079	
	(c) City, State, and ZIP Code						3. Is This New Amended	
	Scranton			PA	1850		Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ght			6. State & Distr	rict of Candidate 08	
	DEMOCRATIC PARTY	House				PA	08	
	DE	SIGNATIO	N OF P	RINC	IPAL	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 f	iled with the ap	propriate c	office list	ed in th	ne instructions.		
	(a) Name of Committee (in full)							
	Cartwright for Cong	ress						
	(b) Address (number and street) PO Box 414							
	1 0 Box 11 1							
	(c) City, State, and ZIP Code							
	Scranton					PA	18501	
	DE						COMMITTEES	
		(including J	omi Fun	uraisin	g Representative	98)	
8.	I hereby authorize the following name candidacy.	ned committee	, which is N	IOT my	principa	al campaign com	nmittee, to receive and expend funds on behalf of my	
	NOTE: This designation should be f	iled with the pr	incipal cam	ıpaign c	ommitte	ee.		
	(a) Name of Committee (in full)							
	ServePA&NJ Fund							
	(b) Address (number and street) 910 17th Street NW							
	Ste 925							
	(c) City, State, and ZIP Code							
	Washington					DC	20006	
	washington					DO	20000	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Si	gnature of Candidate						Date	
Cartwright, Matthew, A., ,					(FI)		03/27/2020	
					[Eleci	ronically Filed]	00/21/2323	
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)

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.	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)							
	Cartwright Victory Fund							
	(b) Address (number and street) PO Box 414							
	(c) City, State, and ZIP Code							
	Scranton	PA	18501					
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) House Victory Project 2020							
	(b) Address (number and street) 918 Pennsylvania Ave SE							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa (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 princip candidacy. NOTE : This designation should be filed with the principal campa (a) Name of Committee (in full)		ommittee, to receive and expend funds on behalf of my					
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							