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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Clark, Katherine, , ,

(b) Address (number and street) ☐ Check if address changed
PO Box 159

2. Candidate's FEC Identification Number
H4MA05084

(c) City, State, and ZIP Code
Belmont MA 02478

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
DEMOCRATIC PARTY

5. Office Sought
House

6. State & District of Candidate
MA 05

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Katherine Clark for Congress

(b) Address (number and street)
PO Box 361

(c) City, State, and ZIP Code
Malden MA 02148

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)
Clark Kennedy Victory Fund

(b) Address (number and street)
PO Box 15

(c) City, State, and ZIP Code
Boston MA 02137

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
Clark, Katherine, , , ***[Electronically Filed]***

Date
06/16/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F2A**
Transaction ID :

new joint fundraising commitee

Form/Schedule:
Transaction ID:

FEC **Form 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)

Clark Tsongas Victory Fund

(b) Address (number and street)

PO Box 15

(c) City, State, and ZIP Code

Boston MA 02137

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)

Hasson Clark Victory Fund

(b) Address (number and street)

PO Box 15

(c) City, State, and ZIP Code

Boston MA 02137

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)

(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. **NOTE**: 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