

Image# 201911079165331675

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Clark, Katherine, , ,		
(b) Address (number and street) PO Box 159		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Belmont MA 02478		2. Candidate's FEC Identification Number H4MA05084
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
		6. State & District of Candidate MA 05
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

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) 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, , , <i>[Electronically Filed]</i>	Date 11/07/2019
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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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Form/Schedule: F2A
Transaction ID :

new Joint fundraising committee

Form/Schedule:
Transaction ID:

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)

Clark Pressley Trahan 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)

Clark Gideon Victory Fund

(b) Address (number and street)

611 Pennsylvania Ave SE

Num 143

(c) City, State, and ZIP Code

Washington

DC

20003

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