

FEC FORM 2

STATEMENT OF CANDIDACY

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2017 NOV 6 AM 11:55

1. (a) Name of Candidate (in full) Pamela M. Iovino		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 750 Washington Rd, Unit 201		2. FEC Candidate Identification Number H8PA18165
(c) City, State, and ZIP Code Pittsburgh, PA, 15228		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation Democrat	5. Office Sought US House of Representatives	6. State & District of Candidate Pennsylvania - 18th

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2017/18 Special 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) Pam Iovino for Congress
(b) Address (number and street) 750 Washington Rd, Unit 201
(c) City, State, and ZIP Code Pittsburgh, PA 15228

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

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 	Date 10/27/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §3C109.

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(Including Joint Fundraising Representatives)

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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

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