

FEC FORM 2

STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE
09 SEP 2009 PM 2:55

1. (a) Name of Candidate (in full) Michael E. Capuano			2. Candidate's FEC Identification Number
(b) Address (number and street) 172 Central St.		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Homerville, MA 02145		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation Democrat	5. Office Sought Senator	6. State & District of Candidate Massachusetts	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2009 election(s).
(year of election) **Primary/Special Election**

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

(a) Name of Committee (in full) Capuano for Senate Committee
(b) Address (number and street) 172 Central St.
(c) City, State, and ZIP Code Homerville, MA 02145

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 Michael E. Capuano	Date Sept. 21, 2009
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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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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 9-22-09
Date of Receipt

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Postmark

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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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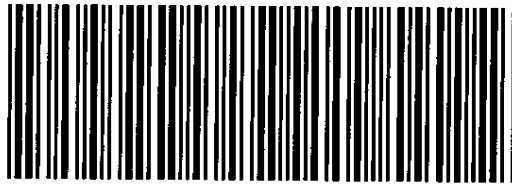
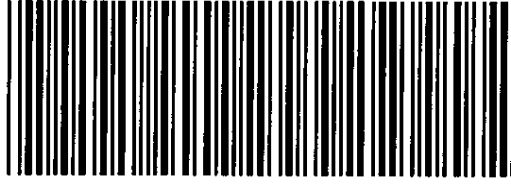
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