Image# 202411219720010138 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

_							
1.	(a) Name of Candidate (in full)  Trahan, Lori, , ,						
	(b) Address (number and street) PO Box 1161	□С	heck if addre	ss changed		2. Candidate's FEC Identification Number	
	(c) City, State, and ZIP Code					H8MA03106  3. Is This New Amended	
	Lowell		MA	0185	3	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate	
	DEMOCRATIC PARTY	House			MA	03	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE	
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)						
	NOTE: This designation should be to	filed with the ap	propriate offi	ce listed in th	ne instructions.		
	(a) Name of Committee (in full)						
	Lori Trahan for Con	gress Con	nmittee				
	(b) Address (number and street)						
	PO Box 1161						
	(c) City, State, and ZIP Code						
	Lowell				MA	01853	
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES	
		(	Including Join	t Fundraisin	g Representativ	ves)	
8.	I hereby authorize the following nan candidacy.	ned committee	, which is NO	Γ my principa	al campaign coi	mmittee, to receive and expend funds on behalf of my	
	NOTE: This designation should be f	iled with the pr	incipal campa	ign committe	ee.		
	(a) Name of Committee (in full)						
	Clark Trahan Press	ley Victor	y Fund				
	(b) Address (number and street)						
	600 Pennsylvania Ave SE #15	5180					
	(c) City, State, and ZIP Code						
	Washington				DC	20003	
		amined this Sta	tement and to	the best of i	my knowledge a		
Signature of Candidate					Date		
C	lunha, Maria, , ,					11/21/2024	
	NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Lori Trahan for Congress Committee  (b) Address (number and street) PO Box 1161  (c) City, State, and ZIP Code Lowell  MA  O1853  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  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 Trahan Pressley Victory Fund  (b) Address (number and street) 600 Pennsylvania Ave SE #15180  (c) City, State, and ZIP Code Washington  DC  20003  I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Gnature of Candidate  Date  Date						
NC	OTE: Submission of false, erroneous	, or incomplete	information m	nay subject t	ne person signi	ng this Statement to penalties of 2 U.S.C. §437g.	
NO	OTE: Submission of false, erroneous	, or incomplete	information m	nay subject t	ne person signi	ng this Statement to penalties of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)