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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (	a) Name of Candidate (in full)								
	DiNicola, Ronald, A., Mr.,								
(	b) Address (number and street) 4134 Commodore Dr.	☐ Check if address changed			Candidate's FEC Identification Number     H4PA21069				
(	c) City, State, and ZIP Code					3. Is This	Ne Ne		Amended
	Erie		PA	16505		Stateme	ent X (N	) OR	(A)
4. F	Party Affiliation	5. Office Sought			6. State & Dist		ate		
	DEMOCRATIC PARTY	House			PA	16			
	DE	SIGNATION OF	PRINC	PAL (	CAMPAIG	N COMMIT	TEE		
7. I	hereby designate the following nar	ned political committee	as my Prir	ncipal C	ampaign Comr		2018 (year of elec		on(s).
	NOTE: This designation should be f	iled with the appropriate	e office list	ed in th	e instructions.				
(	a) Name of Committee (in full)								
	DiNicola for Congre	SS							
	b) Address (number and street)								
	1001 State St								
	Ste 1400								
(	c) City, State, and ZIP Code								
	Erie				PA	16501			
(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)								
(	a) Name of Committee (in full)  DigiDems Committee	ee							
(	b) Address (number and street) 8391 Beverly Blvd								
(	c) City, State, and ZIP Code								
	Los Angeles				CA	90048			
	·	mined this Statement a	nd to the b	est of n	ny knowledge a		rue, correct	and comp	lete.
	nature of Candidate					Date			
DiΛ	licola, Ronald, A., ,			[Electr	onically Filed]	09/19/2018	8		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
NO1	TE: Submission of false, erroneous	or incomplete informat	ion may su	ıbject th	e person signir	ng this Stateme	ent to penal	ties of 2 U.	S.C. §437g.
NOT	TE: Submission of false, erroneous	or incomplete informat	ion may su	ıbject th	e person signir	ng this Stateme	ent to penal	ties of 2 U.	S.C. §437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my									
	(a) Name of Committee (in full)									
	Serve America Victory Fund									
	(b) Address (number and street) PO Box 2013									
	(c) City, State, and ZIP Code									
	Salem MA 01970									
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. <b>NOTE</b> : 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. <b>NOTE</b> : 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									