

Image# 201805109112013185

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mullen, Michael, P, Mr.,			2. Candidate's FEC Identification Number H8MA03221	
(b) Address (number and street) 20 Concord St.		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Maynard MA 01754		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation UN	5. Office Sought House	6. State & District of Candidate MA 03		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) COMMITTEE TO ELECT MIKE MULLEN		
(b) Address (number and street) 20 Concord St.		
(c) City, State, and ZIP Code Maynard MA 01754		

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 Mullen, Michael, P, , <i>[Electronically Filed]</i>	Date 05/10/2018
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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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