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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Carl Sciortino (b) Address (number and street) 17 Orchard Street	☐ Check if address changed				2. Candidate's FEC Identification Number					
	(c) City, State, and ZIP Code					H4MA050	Ne <sup>1</sup>	w		Amended	
	Medford	MA 02155				Statemen	\ \ \			(A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	rict of Candidate	9				
	DEMOCRATIC PARTY	House			MA	05					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2013 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
Carl Sciortino Committee											
	(b) Address (number and street) 17 Orchard Street										
	(c) City, State, and ZIP Code										
	Medford				MA	02155					
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 exa	mined this Sta	tement and to	the hest of	my knowledge a	and helief it is tru	ie correct a	and comple	oto		
6:	gnature of Candidate			The best of				and compr			
	gnature of Candidate arl Sciortino					Date					
0.	ari Sciorino			[Elec	tronically Filed]	10/02/2013					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)