

Image# 202211299547069428

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Auchincloss, Jake, , ,		
(b) Address (number and street) PO Box 600698		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Newtonville MA 02460		2. Candidate's FEC Identification Number HOMA04192
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
		6. State & District of Candidate MA 04
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Jake Auchincloss for Congress		
(b) Address (number and street) P.O. BOX 600698		
(c) City, State, and ZIP Code Newtonville MA 02460		

### 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) Jake Auchincloss Victory Fund		
(b) Address (number and street) One Park Row 5th fl		
(c) City, State, and ZIP Code Providence RI 02903		

*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 Auchincloss, Jake, , ,  <i>[Electronically Filed]</i>	Date 11/29/2022
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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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