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PAGE 1 / 1

# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                |                            |                                                                                                          |                                                       |  |
|----------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br>Armas, David, Michael, , |                            |                                                                                                          | 2. Candidate's FEC Identification Number<br>S2MA00196 |  |
| (b) Address (number and street)<br>36 Osgood rd                |                            | <input type="checkbox"/> Check if address changed                                                        |                                                       |  |
| (c) City, State, and ZIP Code<br>sterling MA 01564             |                            | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |                                                       |  |
| 4. Party Affiliation<br>INDEPENDENT                            | 5. Office Sought<br>Senate | 6. State & District of Candidate<br>MA 00                                                                |                                                       |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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)<br>David Armas     |  |  |
| (b) Address (number and street)<br>36 Osgood rd    |  |  |
| (c) City, State, and ZIP Code<br>Sterling MA 01564 |  |  |

### 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<br>armas, David, Michael, ,<br><br>[Electronically Filed] | Date<br>08/22/2020 |
|----------------------------------------------------------------------------------|--------------------|

**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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