Image# 201801169090416530 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mastrianni, David, , , (b) Address (number and street) (C) City, State, and ZIP Code Schroon Lake NY 12870 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the (vear of election) NOTE: This designation should be filed with the principal campaign Committee. (a) Name of Committee (in full) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (b) Address (number and street) 1069 MAIN STREET PO BOX 626 (c) City, State, and ZIP Code SCHROON LAKE NY 12870 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 Mastriamni, David,												
(c) Address frumber and street 20 Elicinose Way (c) City, State, and ZIP Code Schroon Lake NY 12870 3. Is This New Candidate Party Affiliation DEMOCRATIC PARTY House DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) DESIGNATION OF OTHER AUTHORIZED COMMITTEES ((c) City, State, and ZIP Code SCHROON LAKE NY 12870 DESIGNATION OF OTHER AUTHORIZED COMMITTEES ((notuding 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 Mastriammi, David, [Electronically Filed] Date 01/16/2018	1.											
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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.	Мс	nstrianni, David, , ,			[Elec	tronically Filed]	01/16/20	18				
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