

STATEMENT OF CANDIDACY

(see reverse side for instructions)

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2002 MAR -1 A 10:44

1. (a) Name of Candidate (in full) CHARLES J. McCARTHY JR.			2. Identification Number
(b) Address (number and street) ☐ Check if address changed 175 WESTFORD ST.			
(c) City, State, and ZIP Code DUNSTABLE, MA 01827			
3. Party Affiliation REPUBLICAN	4. Office Sought US REPRESENTATIVE	5. State & District of Candidate MASSACHUSETTS 5th DISTRICT	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

6. I hereby designate the following named political committee as my Principal Campaign Committee for the 2002 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed below.

(a) Name of Committee (in full) Mc CARTHY FOR CONGRESS
(b) Address (number and street) P.O. BOX 587
(c) City, State, and ZIP Code DUNSTABLE MA 01827

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

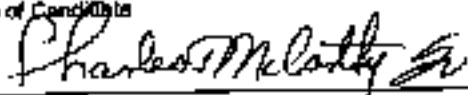
(including Joint Fundraising Representative(s))

7. 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 	Date 12/26/01
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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. 5437g.

CANDIDATES FOR THE OFFICE OF:

U.S. Senate mail to:
Secretary of the Senate
Office of Public Records
232 Hart Senate Office Bldg.
Washington, DC 20510-7116

All other candidates
mail to:
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

For further information contact:
Federal Election Commission
Toll-free 800/424-9630
Local 202/694-1100

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FEC FORM 2

(revised 1/2001)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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PREPARER

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