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## FEC FORM 2

## STATEMENT OF CANDIDACY

4	(a) Name of Condidate (in full)									
1.	(a) Name of Candidate (in full)									
	Linos, Natalia, , ,	□ Chook if a		hanaad		O Condida	ta'a FFO Ida	mtification !	li inala a r	
	b) Address (number and street)					Candidate's FEC Identification Number     H0MA04267				
	(c) City, State, and ZIP Code					3. Is This		lew	Amended	
	Brookline		MA	02445	i	Staten	nent 🗶 (I	N) OR	(A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candid	date			
	DEMOCRATIC PARTY	House			MA	04				
	DE	SIGNATION OF	PRINC	CIPAL	CAMPAIG	N COMM	ITTEE			
7.	I hereby designate the following nar	med political committee	as my Pı	3. Is This Statement (N) OR Amended (A)  6. State & District of Candidate MA 04  NCIPAL CAMPAIGN COMMITTEE  y Principal Campaign Committee for the 2020 (year of election) election(s).						
	NOTE: This designation should be	iled with the appropriat	e office lis	sted in th	e instructions.					
	(a) Name of Committee (in full)									
	Natalia Linos for Co	ngress								
	(b) Address (number and street) 336 Washington St. #3									
	(c) City, State, and ZIP Code									
	Brookline				MA	02445	5			
	DE	SIGNATION OF	OTHE	D AIIT	UODIZED.	COMMIT	TEES			
							ILLS			
8.	I hereby authorize the following nar candidacy.	ned committee, which i	s NOT my	/ principa	I campaign cor	mmittee, to re	eceive and ex	rpend funds	s on behalf of my	
	NOTE: This designation should be f	iled with the principal c	ampaign	committe	e.					
_	(a) Name of Committee (in full)									
	(2)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Statement a	and to the	best of n	ny knowledge a	and belief it is	s true, correc	t and comp	lete.	
Si	gnature of Candidate					Date				
Li	nos, Natalia, , ,			[Elect	onically Filed]	05/06/20	20			
				LERCH	опиши тией					
NC	OTE: Submission of folia arranges	or incomplete informa	tion may s	subject th	o porcon cignir	ng this Stator	ment to nena	lties of 2 LL	0.0.0407	
	OTE: Submission of false, erroneous	, or moonipiete informa		oubjoot ti	ie person signii	ig tills State	ment to pena	11103 01 2 0.	S.C. §437g.	
	JIE: Submission of false, erroneous	, or mooniplete informa			le person signii	ing this State	ment to pena	111103 01 2 0.	S.C. §437g.	
	DIE: Submission of false, erroneous	, or meempiete informa			le person signii	ing triis Stater	ment to pena		S.C. §437g.	

FEC FORM 2 (REV. 02/2009)