

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED  
FEC MAIL CENTER  
2019 JUN 20 AM 10:49

|                                                               |                                   |                                                                                                          |
|---------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>Frederick Mayock</b> |                                   | 2. FEC Candidate Identification Number                                                                   |
| (b) Address (number and street)<br><b>83 Yorktown Drive</b>   |                                   | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code<br><b>Springfield, MA 01108</b> |                                   |                                                                                                          |
| 4. Party Affiliation<br><b>None</b>                           | 5. Office Sought<br><b>Senate</b> | 6. State & District of Candidate<br><b>MA</b>                                                            |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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><b>Mayock for Senate</b>   |
| (b) Address (number and street)<br><b>83 Yorktown Drive</b>   |
| (c) City, State, and ZIP Code<br><b>Springfield, MA 01108</b> |

**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><b>Frederick Mayock</b> | Date<br><b>06/14/2019</b> |
|---------------------------------------------------|---------------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

**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

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

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

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



| Federal Election Commission                                                                     |                                                     |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS                                                |                                                     |
| The FEC added this page to the end of this filing to indicate how it was received.              |                                                     |
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail                                       | Postmarked<br>6-14-19<br>Date of Receipt<br>6-20-19 |
| <input type="checkbox"/> USPS Registered/Certified                                              | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                                     | Postmarked                                          |
| <input type="checkbox"/> USPS Priority Mail Express                                             | Postmarked                                          |
| <input type="checkbox"/> Postmark Illegible                                                     |                                                     |
| <input type="checkbox"/> No Postmark                                                            |                                                     |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                                       |
|                                                                                                 | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                                       | Date of Receipt or Postmarked                       |
| <br>PREPARER | 6-20-19<br>DATE PREPARED                            |

DATE PREPARED

6-20-19