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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Pressley, Ayanna, , ,									
	(b) Address (number and street) PO Box 240912 554 Washington St	☐ Check if address changed			Candidate's FEC Identification Number     H8MA07032					
	(c) City, State, and ZIP Code					3. Is This	s Ne	ew		mended
	Dorchester Center		MA	0212	4	Stater	nent (N	) OR	<b>X</b> (	A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist		date			
	DEMOCRATIC PARTY	House			MA	07				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	The Committee To E	Elect Ayar	na Pres	sley						
	(b) Address (number and street)									
	PO Box 240912									
	554 Washington Street									
	(c) City, State, and ZIP Code									
	Dorchester Center				MA	02124	1			
8.	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.	,		, բբ	a a	, , , , , ,				,
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign commit	ee.					
	(a) Name of Committee (in full)									
	The Squad Victory	Fund								
	(b) Address (number and street) 611 Pennsylvania Ave SE									
	Num 143									
	(c) City, State, and ZIP Code				DC	20002				
	Washington				DC	20003	1			
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is	s true, correct	and compl	ete.	
Signature of Candidate			Date							
Pressley, Ayanna, , ,				04/02/20	24					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)								
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Clark Trahan Pressley Victory Fund							
	(b) Address (number and street)							
	600 Pennsylvania Ave SE #15180							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
<b>3</b> .	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campa		mmittee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	Progressive Voices for Peace							
	(b) Address (number and street)							
	611 Pennsylvania Avenue SE							
	Suite 143 (c) City, State, and ZIP Code							
	Washington	DC	20003					
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campa		mmittee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(b) Address (number and street)							
	(A) O'th Olyle and 71D Orde							
	(c) City, State, and ZIP Code							
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campa		mmittee, to receive and expend funds on behalf of my					
		aigir committee.						
	(a) Name of Committee (in full)							
	(b) Address (comb consideration)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
	(0, 0.1), 0.110, 4114 211 0040							