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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Kennedy, Joseph, P, , III										
	(b) Address (number and street) PO Box 15						2. Candidate's FEC Identification Number S0MA00208				
	(c) City, State, and ZIP Code					New			Amended		
	Boston	57	Statement	x (N)	OR		(A)				
4.	Party Affiliation	5. Office Soug	ght			rict of Candidate					
	DEMOCRATIC PARTY	Senate			MA	00					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full)											
Kennedy for Massachusetts											
	(b) Address (number and street) PO Box 15										
	(c) City, State, and ZIP Code										
	Boston				MA	02137					
	DE	CICNATIO	N OF OT	HED ALI	TUODIZED	COMMITTE	FC				
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											
	, , , , , , , , , , , , , , , , , , , ,										
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Si	gnature of Candidate					Date					
K	ennedy, Joseph, P, , III	[Electronically Filed]				08/26/2019					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											
			<u> </u>								

FEC FORM 2 (REV. 02/2009)