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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (	(a) Name of Candidate (in full)						
	Cartwright, Matthew, A., ,  (b) Address (number and street)		haali if aalalua			2. Condidatala EEC Idantifia	ation Number
(	PO Box 414		heck if addre	ss changed		Candidate's FEC Identific     H2PA17079	alion Number
(	(c) City, State, and ZIP Code				_	3. Is This New	Amended
	Scranton		PA	1850		Statement (N)	OR X (A)
	Party Affiliation	5. Office Soug	ht			rict of Candidate	
	DEMOCRATIC PARTY	House			PA	08	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE	
7.	I hereby designate the following nar	ned political co	mmittee as m	y Principal	Campaign Com	nittee for the 2024 (year of election)	_ election(s).
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in t	he instructions.		
(	(a) Name of Committee (in full)						
	Cartwright for Congr	ess					
(	(b) Address (number and street)						
	PO Box 414						
(	(c) City, State, and ZIP Code						
	Scranton				PA	18501	
	DE	SIGNATIO	N OF OTI	HER AU	THORIZED	COMMITTEES	
		(	ncluding Join	t Fundraisin	g Representativ	es)	
0 1	I hereby outborize the following non	and committee	which ic NO	F my princip	al aamnaign aa	nmittae to receive and evenes	d funda on babalf of my
	I hereby authorize the following nan candidacy.	ieu committee,	WILICIT IS INC	і піў рішсір	ai campaign coi	illillitiee, to receive and expend	a fullus off benail of filly
	•						
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign committ	ee. 		
(	(a) Name of Committee (in full)						
	Cartwright Victory F	und					
(	(b) Address (number and street)						
	PO Box 414						
	(c) City, State, and ZIP Code						
(					PA	18501	
(	(c) City, State, and ZIP Code Scranton	mined this Stat	ement and to	the best of			complete.
	(c) City, State, and ZIP Code Scranton  I certify that I have exa	mined this Stat	ement and to	the best of		and belief it is true, correct and	complete.
	(c) City, State, and ZIP Code Scranton	mined this Stat	ement and to	the best of			complete.
Sig	(c) City, State, and ZIP Code Scranton  I certify that I have exa	mined this Stat	ement and to	the best of		and belief it is true, correct and	complete.
Sig	(c) City, State, and ZIP Code Scranton  I certify that I have example of Candidate	mined this Stat	ement and to	the best of		and belief it is true, correct and	complete.
Sig Ca	(c) City, State, and ZIP Code Scranton  I certify that I have example of Candidate				my knowledge a	Date 04/12/2024	
Sig Ca	(c) City, State, and ZIP Code Scranton  I certify that I have example of Candidate  rtwright, Matthew, A., ,				my knowledge a	Date 04/12/2024	
Sig Ca	(c) City, State, and ZIP Code Scranton  I certify that I have example of Candidate  rtwright, Matthew, A., ,				my knowledge a	Date 04/12/2024	

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)

	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)					
	Cartwright Wild Fund					
	(b) Address (number and street)					
	One Park Row, 5th Floor					
	(c) City, State, and ZIP Code					
	Providence	RI	02903			
•						
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. <b>NOTE</b> : This designation should be filed with the principal ca			my		
	(a) Name of Committee (in full)					
	Democracy Summer 2024					
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. <b>NOTE</b> : This designation should be filed with the principal carries of Committee (in full)			my		
8.	candidacy. <b>NOTE</b> : This designation should be filed with the principal catalog (a) Name of Committee (in full)			my —		
8.	candidacy. NOTE: This designation should be filed with the principal ca  (a) Name of Committee (in full)  SEEC Victory Fund  (b) Address (number and street)			my —		
8.	candidacy. NOTE: This designation should be filed with the principal cardial Name of Committee (in full)  SEEC Victory Fund			my		
8.	candidacy. NOTE: This designation should be filed with the principal ca  (a) Name of Committee (in full)  SEEC Victory Fund  (b) Address (number and street)			my		
8.	candidacy. NOTE: This designation should be filed with the principal ca  (a) Name of Committee (in full)  SEEC Victory Fund  (b) Address (number and street)  One Park Row, 5th Floor			my		
	candidacy. NOTE: This designation should be filed with the principal ca  (a) Name of Committee (in full)  SEEC Victory Fund  (b) Address (number and street) One Park Row, 5th Floor  (c) City, State, and ZIP Code Providence	RI	02903 In committee, to receive and expend funds on behalf of			
	candidacy. NOTE: This designation should be filed with the principal cardidacy. NOTE: This designation should be filed with the principal cardidacy. NOTE: This designation should be filed with the principal cardidacy. NOTE: This designation should be filed with the principal cardidacy.	RI	02903 In committee, to receive and expend funds on behalf of			
	candidacy. NOTE: This designation should be filed with the principal ca  (a) Name of Committee (in full)  SEEC Victory Fund  (b) Address (number and street) One Park Row, 5th Floor  (c) City, State, and ZIP Code Providence	RI	02903 In committee, to receive and expend funds on behalf of			
	candidacy. NOTE: This designation should be filed with the principal cardidacy. NOTE: This designation should be filed with the principal cardidacy. NOTE: This designation should be filed with the principal cardidacy. NOTE: This designation should be filed with the principal cardidacy.	RI	02903 In committee, to receive and expend funds on behalf of			