

**FEC FORM 2
STATEMENT OF CANDIDACY**

RECEIVED
FEDERAL CENTER

1. (a) Name of Candidate (in full) **CARY CAPPARELLI** 2009 JAN 26 PM 12:49

(b) Address (number and street) Check if address changed
7312 N. ORIOLE AVE.

(c) City, State, and ZIP Code
CHICAGO, IL 60631

2. Identification Number

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation

5. Office Sought

6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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)
CARY CAPPARELLI FOR CONGRESS

(b) Address (number and street)
P.O. BOX 31031

(c) City, State, and ZIP Code
CHICAGO, IL 60631

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

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A for the primary election, and

9B for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 **Cary Capparelli** Date **1. 9. 09**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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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.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
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ER

1/26/09

PREPARER
(3/2005)

DATE PREPARED

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