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FEC FORM 2

STATEMENT OF CANDIDACY

2003 AUG -6 A 8 48

1. (a) Name of Candidate (in full) ILANA FREEDMAN		2. Identification Number H2MA05096
(b) Address (number and street) E BIA GIOTTI WAY	(c) Check 2 address changed	3. Is This Statement New (N) OR Amended (A) <input checked="" type="checkbox"/>
(c) City, State, and ZIP Code NORTH BILLERICA MA 01862 - 2200	4. Party Affiliation REP	5. Office Sought HOUSE
		6. State & District of Candidate MA 05

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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) FREEDMAN COMMITTEE
(b) Address (number and street) E BIA GIOTTI WAY
(c) City, State, and ZIP Code NORTH BILLERICA MA 01862

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(including Joint Fundraising Regenerations)

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. 409.8) by

SA	for the primary election, and
SB	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 <i>Ilana Freedman</i>	Date 7/31/03
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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 Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>SL</i>	PREPARER	8-6-03 DATE PREPARED

(5/2000)

2003年8月1日 星期二 上午 10:00:00