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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)						
Sigel, Ben, , ,				100 "11 5501		
(b) Address (number and street) PO Box 577	☐ Check if address changed			Candidate's FEC Identification Number H0MA04218		
(c) City, State, and ZIP Code				3. Is This	New Amended	
Brookline	MA	۹ 0244	6	Statement X	(N) OR (A)	
Party Affiliation	5. Office Sought			rict of Candidate		
DEMOCRATIC PARTY	House		MA	04		
DE	SIGNATION OF PR	INCIPAL	CAMPAIGN	N COMMITTEE		
7. I hereby designate the following name	ned political committee as n	ny Principal (Campaign Comn	mittee for the 2020 (year of e	election(s).	
NOTE: This designation should be fi	led with the appropriate offi	ce listed in the	ne instructions.			
(a) Name of Committee (in full)						
Ben Sigel for Congre	ess					
(b) Address (number and street) PO Box 577						
TO BOX OF T						
(c) City, State, and ZIP Code						
Brookline			MA	02446		
DE	SIGNATION OF OT	HED ALI	THODIZED	COMMITTEES		
DE			g Representativ			
	, -			,		
I hereby authorize the following nam- candidacy.	ed committee, which is NO	T my principa	al campaign con	nmittee, to receive and	expend funds on behalf of my	
NOTE: This designation should be fi	led with the principal campa	aign committe	ee.			
(a) Name of Committee (in full)						
(a) Name of Committee (in ruii)						
(b) Address (number and street)						
() 0: 0: 1700						
(c) City, State, and ZIP Code						
I certify that I have exa	mined this Statement and to	the best of	my knowledge a	and belief it is true, corr	ect and complete.	
Signature of Candidate				Date		
Sigel, Ben, , , [Electronically Filed]			01/13/2020			
		[Eleci	ronically Fileaj	0.17.107.2020		
NOTE: Submission of false, erroneous,	or incomplete information n	nay subject t	he person signir	ng this Statement to pe	nalties of 2 U.S.C. §437g.	
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