FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
   Goldberg, Deborah, , ,

(b) Address (number and street) 37 Hyslop Rd	☐ Check if address changed	2. Candidate's FEC Identification Number H0MA04150		
(c) City, State, and ZIP Code Brookline MA 02445		3. Is This Statement	☒ New (N) **OR**	☐ Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MA 04		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ___2020___ 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)

Deb Goldberg for Congress Committee

(b) Address (number and street)
37 Hyslop Rd

(c) City, State, and ZIP Code

Brookline   MA   02445

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

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	Date
Goldberg, Deborah, , , **[Electronically Filed]**	09/16/2019

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

FEC FORM 2 (REV. 02/2009)