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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lovvorn, Tracy, Lyn, ,			2. Candidate's FEC Identification Number H8MA02116	
(b) Address (number and street) 225 Magill Dr		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Grafton MA 01519		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MA 02		

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) TRACY LOVVORN FOR CONGRESS		
(b) Address (number and street) 80 WORCESTER ST		
(c) City, State, and ZIP Code NORTH GRAFTON MA 01536		

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 Lovvorn, Tracy, Lyn, , [Electronically Filed]	Date 03/02/2020
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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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