25020093402
25020093402

MATT BROWN For ★★★ U.S. Senate

05 FEB 18 PM 2:25

To:	FEC	From:	Tori Drew
Fax:	202-219-0174	Date:	2/17
Phone:		Pages:	
Re:	Statement of candidacy	CC:	

85 Everett Avenue, Providence, RI 02906
(401) 331-0007 phone ★ (401) 831-7512 fax

Paid for by Matt Brown for U.S. Senate

RECEIVED
SECRETARY OF THE SENATE

2005 FEB 10 PM 2:23

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full): Mathew A. Brown
(b) Address (number and street): 96 Everett Avenue (Check if address changed)
(c) City, State, and ZIP Code: Providence, RI 02906
2. Identification Number:
3. Is This Statement: New (Y) OR Amended (N): Y
4. Party Affiliation: DEMOCRAT
5. Office Sought: U.S. Senate
6. State & District of Candidate: RI

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 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): Math Brown for U.S. Senate
(b) Address (number and street): 96 Everett Ave.
(c) City, State, and ZIP Code: Providence, RI 02906

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 0.00 for the primary election, and

9B 0.00 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: [signature]
Date: 2/16/05

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. 03/2003)

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

_____ **HAND DELIVERED** _____
Date of Receipt

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Date of Receipt

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Date of Receipt

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Date of Receipt

_____ **FAX** _____
Date of Receipt

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Date of Receipt

RD 02-18-05
Preparer **Date Prepared**

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