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## FEC FORM 2

## STATEMENT OF CANDIDACY

	e of Candidate (in full)								
	d, John, F., ,					0 0 11 1 55011 40			
	ess (number and street) Box 8628	☐ Check if address changed				2. Candidate's FEC Identification Number S6RI00163			
(c) City,	State, and ZIP Code					3. Is This New	Amended		
Cra	nston		R	0292	0	Statement (N)	OR (A)		
4. Party Af	filiation	5. Office Souç	ght		6. State & Dist	rict of Candidate			
DEMO	CRATIC PARTY	Senate			RI				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7. I hereby	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
` ,	(a) Name of Committee (in full)								
In	e Reed Committe	ee							
	ess (number and street) Box 8628								
(c) City,	State, and ZIP Code								
Cr	anston				RI	02920			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)									
		`	morading con	it i dilalalal	ig reoprocontative	50)			
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) Nam	e of Committee (in full)								
Ohio Rhode Island Victory Fund									
(b) Address (number and street) 918 Pennsylvania Ave SE									
(c) City,	State, and ZIP Code								
Wa	shington				DC	20003			
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									
Reed, John, F., ,									
,,,					tronically Filed]	02/06/2020			
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)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page \_\_\_2 **of** 2\_\_\_

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	) Name of Committee (in full)								
	SENATE IMPACT 2020								
	b) Address (number and street) 120 Maryland Ave NE								
	(c) City, State, and ZIP Code								
	Washington	DC	20002						
8.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ndidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)	_							
	Durbin Reed Victory Fund								
	(b) Address (number and street) 918 Pennsylvania Ave SE								
	(c) City, State, and ZIP Code		_						
	Washington	DC	20003						
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaig  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code		nmittee, to receive and expend funds on behalf of my						
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaig (a) Name of Committee (in full)		nmittee, to receive and expend funds on behalf of my						
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								