FEC FORM 2

STATEMENT OF CANDIDACY

| = | | | | | | | | | | | |
|---|---|----------------------------|---------------|--------------|-------------------|---|---------------|-------------|------------|-------------|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
| | Carlson, Don, , , | Charle if address shanged | | | | 2 Candida | to'o EEC Ido | ntification | Number | | |
| | (b) Address (number and street) PO Box 313 | ☐ Check if address changed | | | | Candidate's FEC Identification Number H4RI01257 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | ew | | Amended | |
| | Jamestown | | RI | 0283 | 5 | Statem | nent X (N | l) OR | (. | A) | |
| 4. | Party Affiliation | 5. Office Soug | jht | | 6. State & Dist | rict of Candid | date | | | | |
| | DEMOCRATIC PARTY | House | | | RI | 01 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2023 (year of election) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | Carlson for Congres | SS | | | | | | | | | |
| | (b) Address (number and street) PO Box 313 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Jamestown | | | | RI | 02835 | 5 | | | | |
| 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 | | | | | | | | | | | |
| 8. | candidacy. | ned committee, | which is NO | i my princip | ai campaign con | nmittee, to re | eceive and ex | pena tuna: | s on bena | if of my | |
| 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 exa | mined this Sta | tement and to | the best of | my knowledge a | and belief it is | true, correct | and comp | lete. | | |
| Signature of Candidate | | | | | Date | | | | | | |
| Carlson, Don, , , [Electron | | | | | | | | | | | |
| Ca | | | | [Elec | tronically Filed] | 04/17/20 | 23 | | | | |
| | | , or incomplete | information n | | | | | ties of 2 U | .S.C. §437 | 7g. | |
| | arlson, Don, , , | , or incomplete | information n | | | | | ties of 2 U | .S.C. §437 | 7 g. | |

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2N Transaction ID:

2023 Special Election.

Form/Schedule: Transaction ID: