Image# 202407249665720102 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	ANZOLI, ARMANDO, LUCIAN									
	b) Address (number and street)					Candidate's FEC Identification Number     S4RI00127				
	(c) City, State, and ZIP Code					3. Is This	New		Amended	
	EAST GREENWICH		RI	0281	8	Statement	<b>X</b> (N)	OR	(A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate				
	NON	Senate			RI	00				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
FRIENDS OF ARMANDO ANZOLI										
	(b) Address (number and street)									
	1474 SOUTH COUNTY TRAI	L								
	SUITE / UNIT 16									
	(c) City, State, and ZIP Code									
	EAST GREENWICH				RI	02818				
	DE	CIONIATIO	N OF OTI	IED ALI:	FUODIZED		F0			
	DE			_	I HORIZED g Representativ	COMMITTE es)	ES			
•										
8.	I hereby authorize the following name candidacy.	iea committee,	which is NOT	my principa	ai campaign con	nmittee, to receiv	e and expend	a funas o	n benair or my	
NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)								_	
	(b) Address (number and street)									
	(b) Address (number and street)									
	(b) Address (number and street) (c) City, State, and ZIP Code									
		mined this Stat	ement and to	the best of	my knowledge a	and belief it is true	e, correct and	l complet	е.	
Sic	(c) City, State, and ZIP Code  I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true	e, correct and	l complet	е.	
	(c) City, State, and ZIP Code  I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	Date	e, correct and	l complet	е.	
	(c) City, State, and ZIP Code  I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	+	e, correct and	l complet	е.	
	(c) City, State, and ZIP Code  I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	Date	e, correct and	l complet	e	
Αl	(c) City, State, and ZIP Code  I certify that I have exa					Date 07/24/2024				
Αl	(c) City, State, and ZIP Code  I certify that I have exa gnature of Candidate  NZOLI, ARMANDO, LUCIANO, ,					Date 07/24/2024				
Αl	(c) City, State, and ZIP Code  I certify that I have exa gnature of Candidate  NZOLI, ARMANDO, LUCIANO, ,					Date 07/24/2024				

FEC FORM 2 (REV. 02/2009)

## : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F2N Transaction ID:

PRIOR UNAUTHORIZED REMOVAL OCCURED WITHOUT MY CONSNET IT WAS DONE BY SOMONE UNDER ME WHO ISN'T AUTHORIZED TO DO IT WITHOUT MY CONSNET. I REPORTED IT TO THE FBI AS IT SHOWED OVERT INTENT TO UNDERMINE MY RIGHT TO RUN.

Form/Schedule: Transaction ID: