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FEC FORM 2

STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	ANZOLI, ARMANDO, LUCIAN										
	(b) Address (number and street) 1474 SOUTH COUNTY TRAIL SUITE / UNIT 16	□С	heck if addres	ss changed	S4RI00127 3. Is This New Amended						
	(c) City, State, and ZIP Code					3. Is This			Amended		
	EAST GREENWICH		RI	0281	8	Statement	X (N)	OR	(A)		
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate					
	NON	Senate			RI	00					
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	N COMMITT	EE				
7.	I hereby designate the following nar	ned political co	mmittee as m	y Principal (Campaign Comr			_	n(s).		
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	FRIENDS OF ARMA	NDO AN	ZOLI								
	(b) Address (number and street)										
	1474 SOUTH COUNTY TRAI	L									
	SUITE / UNIT 16										
	(c) City, State, and ZIP Code										
	EAST GREENWICH				RI	02818					
	DE	CICNIATIO	N OF OTI	IED ALI	FUODIZED	COMMITTE	FC				
	DE			_	_		ES				
		·			•	,					
8.	I hereby authorize the following name candidacy.	ied committee,	which is NO1	my principa	al campaign con	nmittee, to receiv	e and expend	d funds (on behalf of my		
	NOTE: This designation should be f	RI 02818 SARI00127 3. Is This Statement New Statement									
	(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	nd belief it is true	e, correct and	l comple	te.		
Sig	(c) City, State, and ZIP Code I certify that I have exa	mined this Stat	eement and to	the best of	my knowledge a	and belief it is true	e, correct and	l comple	te.		
	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate	mined this Stat	ement and to	the best of	my knowledge a	Date	e, correct and	l comple	te.		
	(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 comple	te.		
	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate	mined this Stat	ement and to	the best of	my knowledge a	Date	e, correct and	l comple	te.		
Αl	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate					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: