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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Matos, Sabina, , ,			2. Candidate's FEC Identification Number H4RI01174	
(b) Address (number and street) One Park Row, 5th Floor		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Providence RI 02903		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate RI 01		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2023 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) SABINA FOR RI		
(b) Address (number and street) ONE PARK ROW, 5TH FLOOR		
(c) City, State, and ZIP Code PROVIDENCE RI 02903		

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		

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 Matos, Sabina, , , [Electronically Filed]	Date 03/20/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Form/Schedule: F2N
Transaction ID :

2023 Special Election.

Form/Schedule:
Transaction ID: