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lmage# 202307249584029185

## FEC FORM 2

## STATEMENT OF CANDIDACY

	( )       ( )   (     )											
, ,	me of Candidate (in full)											
	nderson, Joshua, , ,											
`´ 86	dress (number and street) 67 Boylston St uite 500	ss changed	Candidate's FEC Identification Number     P40014565									
	y, State, and ZIP Code					3. Is This		New			Amended	
В	oston		MA	02110	6	Statem	nent X	(N) (	OR	ш	(A)	
4. Party A	arty Affiliation 5. Office Sought				6. State & District of Candidate							
LIBE	RTARIAN	al		00								
	DI	SIGNATIO	N OF PRI	INCIPAL	CAMPAIGI	N COMMI	TTEE					
7. I herek	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 app	propriate office	ce listed in th	ne instructions.							
(a) Na	me of Committee (in full)											
Т	oad 2024											
(b) Ad	dress (number and street)											
86	67 Boylston St											
S	uite 500											
(c) City	y, State, and ZIP Code											
Е	Boston				MA	02116	3					
	DE	SIGNATIOI		_	THORIZED g Representativ		TEES					
8. I herek	by authorize the following natacy.	ned committee,	which is NO	Γ my principa	al campaign cor	nmittee, to re	eceive and	expend fo	unds o	n beh	alf of my	
NOTE	: This designation should be	filed with the prin	ncipal campa	ign committe	ee.							
(a) Na	me of Committee (in full)											
(b) Ad	dress (number and street)											
(b) Ad	dress (number and street)											
	dress (number and street)  y, State, and ZIP Code											
	,											
	,											
	,	amined this State	ement and to	the best of I	my knowledge a	and belief it is	true, corre	ect and co	omplet	e.		
(c) Cit	y, State, and ZIP Code  I certify that I have ex	amined this State	ement and to	the best of I	my knowledge a		true, corre	ect and co	omplet	e.		
(c) City	y, State, and ZIP Code  I certify that I have exceeded the control of the control	amined this State	ement and to	the best of l	my knowledge a	Date		ect and co	omplet	e.		
(c) City	y, State, and ZIP Code  I certify that I have ex	amined this State	ement and to		my knowledge a	Date		ect and co	omplet	e.		
(c) City	y, State, and ZIP Code  I certify that I have exceeded the control of the control	amined this State	ement and to			Date		ect and co	omplet	e.		
(c) City Signature	y, State, and ZIP Code  I certify that I have exceeded the control of the control			[Elect	ronically Filed]	<b>Date</b> 07/24/20	23					
(c) City Signature	y, State, and ZIP Code  I certify that I have exceeded to the control of the cont			[Elect	ronically Filed]	<b>Date</b> 07/24/20	23					
(c) City Signature	y, State, and ZIP Code  I certify that I have exceeded to the control of the cont			[Elect	ronically Filed]	<b>Date</b> 07/24/20	23				7g.	

FEC FORM 2 (REV. 02/2009)