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FEC FORM 2

STATEMENT OF CANDIDACY

1. ((a) Name of Candidate (in full)										
	Warren, Elizabeth, , ,		de e el estre de la companya de la c			10.0					
((b) Address (number and street) 24 Linnaean St.		heck if addre	ss changed		2. Candidate's FEC Id S2MA00170	entification Number				
((c) City, State, and ZIP Code						New Amended				
	Cambridge		MA	0213			N) OR X (A)				
	Party Affiliation	5. Office Soug				rict of Candidate					
	DEMOCRATIC PARTY	Senate			MA						
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I	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 ap	propriate offi	ce listed in	he instructions.						
((a) Name of Committee (in full)										
	Warren for Senate,	Inc.									
((b) Address (number and street)										
	124 Washington Street										
	Suite 101 (c) City, State, and ZIP Code										
(•										
	Foxboro				MA	02035					
(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)										
	Massachusetts Sei	nate Victor	ry 2024								
((b) Address (number and street) 120 Maryland Avenue NE										
	·										
((c) City, State, and ZIP Code										
	Washington				DC	20002					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Sia	nature of Candidate					Date					
					05/21/2024						
wa	rren, Elizabeth, , ,					03/21/2024					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)								
	Massachusetts Victory 2024								
	(b) Address (number and street)								
	124 Washington Street								
	Suite 101 (c) City, State, and ZIP Code			_					
	Foxboro	MA	02035						
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 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 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								