FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Richardson, Quincy, Lavine, Mr,	

(b) Address (number and street) 5156 W stiles street	☐ Check if address changed	2. Candidate's FEC Identification Number H4PA01129

(c) City, State, and ZIP Code Philadelphia PA 19131	3. Is This Statement	☐ New (N) **OR**	☒ Amended (A)

4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate PA 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ___2024___ 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)

FRIENDS OF QUINCY

(b) Address (number and street)

    1001 LINCOLN AVE

(c) City, State, and ZIP Code

    PROSPECT PARK   PA   19076

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)

Friends of quincy

(b) Address (number and street)

    5156 W stiles street

(c) City, State, and ZIP Code

    Philadelphia   PA   19131

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	Date
Richardson, Quincy, Lavine, Mr,	10/28/2023

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)

: 97 A=G7 9 @G5 B9 CI G H9 L H F9 @5 H98 HC 5 F9 DCF H G7 < 98 I @9 CF +9 A =N5 H=CB

Form/Schedule: F2A
Transaction ID :

Candidate has denied to run for Presidental

Form/Schedule:
Transaction ID: