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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Beaute, Stephanie, E, ,		h1. 12			0.0	and the and a second	
	(b) Address (number and street) PO Box 40461	☐ Check if address changed				Candidate's FEC Identification Number H4RI01299		
	(c) City, State, and ZIP Code						ew Amended	
	Providence		RI	0294	-	Statement X (N	N) OR (A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	DEMOCRATIC PARTY	House			RI	01		
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N 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)							
Committee to Elect Stephanie Beaute								
	(b) Address (number and street) PO Box 40461							
	(c) City, State, and ZIP Code							
	Providence				RI	02940		
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								
	·	mined this Stat	ement and to	the best of	my knowledge a	nd belief it is true, correct	and complete.	
Si	gnature of Candidate					Date		
В	eaute, Stephanie, E, ,	[Electronically Filed]				05/03/2023		
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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FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2N Transaction ID:

2023 Special Election.

Form/Schedule: Transaction ID: