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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) PHIPPEN, CAROLYN, MARIE						
	(b) Address (number and street)	* *	heck if addre	ss changed		2. Candidate's FEC Identification Number	
	363 BROWN FARM LANE					S4UT00241	
	(c) City, State, and ZIP Code DRAPER		UT	Г 8402	0	3. Is This New Statement X (N) OR (A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	trict of Candidate	
	REPUBLICAN PARTY	Senate			UT	00	
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7.	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 appropriate office listed in the instructions.						
	(a) Name of Committee (in full)						
	FRIENDS OF CAROLYN4SENATE						
	(b) Address (number and street)						
	138 E.12300 S. #284						
	(c) City, State, and ZIP Code						
	DRAPER				UT	84020	
	DF	SIGNATIO	N OF OT	HFR AU	THORIZED	COMMITTEES	
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)						
	(-,						
	(-) Oit : Otata and ZID Oada						
	(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 Date						Date	
P	PHIPPEN, CAROLYN, MARIE, ,					11/01/2023	
N	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)