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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Powell, Rhonda, M., ,		
(b) Address (number and street) 365 Clinton River Drive		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Mount Clemens MI 48043		2. Candidate's FEC Identification Number H4MI10123
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate MI 10		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

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) Committee to Elect Rhonda Powell		
(b) Address (number and street) P O Box 46581		
(c) City, State, and ZIP Code Mount Clemens MI 48046		

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		

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 Powell, Rhonda, M., ,	Date 10/03/2023
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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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