## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

1. (a) Name of Candidate (in full)					
Zornio, Patricia, Anne, ,					
(b) Address (number and street)					2. Candidate's FEC Identification Number S0CO00450
(c) City, State, and ZIP Code					3. Is This New Amended
Superior CO 80027			7	Statement X (N) OR (A)	
4. Party Affiliation	5. Office Sought			6. State & Distr	rict of Candidate
DEMOCRATIC PARTY	Senate			СО	00
DE	SIGNATION C	F PRINC	CIPAL	CAMPAIGN	
7. I hereby designate the following nar	med political commit	tee as my P	rincipal (	Campaign Comm	nittee for the 2020 election(s). (year of election)
NOTE: This designation should be t	iled with the approp	riate office li	sted in th	ne instructions.	
(a) Name of Committee (in full)					
Zornio for Senate					
(b) Address (number and street)					
PO Box 270943					
566 S McCaslin Blvd					
(c) City, State, and ZIP Code					
Superior				СО	80027
<ul> <li>8. I hereby authorize the following nan candidacy.</li> <li>NOTE: This designation should be for a standard designation (a) Name of Committee (in full)</li> </ul>					nmittee, to receive and expend funds on behalf of my
(b) Address (number and street)					
(c) City, State, and ZIP Code					
I certify that I have exa	mined this Statemer	nt and to the	best of	my knowledge a	nd belief it is true, correct and complete.
Signature of Candidate					Date
Zornio, Patricia, Anne, ,			[Elect	tronically Filed]	01/19/2019
NOTE: Submission of false, erroneous	, or incomplete inform	mation may	subject t	he person signin	ig this Statement to penalties of 2 U.S.C. §437g.
					FEC FORM 2 (REV. 02/2009