

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED  
SECRETARY OF THE STATE  
PUBLIC OFFICE

06 APR 5 2007

1. (a) Name of Candidate (in full) <b>Matthew A. Brown</b>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>96 Everett Ave.</b>		2. Identification Number <b>56RI00213</b>
(c) City, State, and ZIP Code <b>Providence, RI 02906</b>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <b>DEM</b>	5. Office Sought <b>U.S. Senate</b>	6. State & District of Candidacy <b>RI</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

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

(b) Address (number and street) \_\_\_\_\_

(c) City, State, and ZIP Code \_\_\_\_\_

**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)  
**Ford/Brown 2006**

(b) Address (number and street)  
**607 14th St., N.W., Suite 800**

(c) City, State, and ZIP Code  
**Washington, DC 20005**


**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.8) by

9A	_____	for the primary election, and
9B	_____	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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: \_\_\_\_\_

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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25020160630



# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
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