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PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MORGAN, PATRICIA L, , ,		
(b) Address (number and street) 411 WAKEFIELD ST		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code WEST WARWICK RI 02893		2. Candidate's FEC Identification Number S4RI00085
4. Party Affiliation Rep		5. Office Sought Senate
6. State & District of Candidate RI 00		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) PATRICIA FOR RI		
(b) Address (number and street) 411 WAKEFIELD ST,		
(c) City, State, and ZIP Code WEST WARWICK RI 02893		

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) PATRICIA FOR RI		
(b) Address (number and street) 411 WAKEFIELD ST,		
(c) City, State, and ZIP Code WEST WARWICK RI 02893		

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 MORGAN, PATRICIA L, , ,	Date 04/15/2024
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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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