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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.   | (a) Name of Candidate (in full)  |                       |                         |              |                  |   |                           |  |
|--|--|-----------------------|-------------------------|--------------|------------------|---|---------------------------|--|
|  | Ms. Bunny H. Carr?t  |                       |                         |              |                  | 1   |                           |  |
|  | (b) Address (number and street) 2000 Burnside Blvd.  | ☐ Chec                | neck if address changed |              |                  | Candidate's FEC Identification Number     P60015682 |                           |  |
|  | (c) City, State, and ZIP Code  |                       |                         |              |                  |   | New Amended               |  |
|  | Newport  |                       | RI                      | 0287         | 1                | Statement X   | (N) <b>OR</b> (A)         |  |
| 4.   | Party Affiliation  | 5. Office Sought      |                         |              | 6. State & Dist  | rict of Candidate                                   |                           |  |
|  | UNKNOWN  | Presidential          |                         |              |                  |   |                           |  |
|  | DE   | SIGNATION             | OF PRI                  | NCIPAL       | CAMPAIGI         | N COMMITTEE   |                           |  |
| 7.   | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) |                       |                         |              |                  |   |                           |  |
|  | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                   |                       |                         |              |                  |   |                           |  |
|  | (a) Name of Committee (in full)  |                       |                         |              |                  |   |                           |  |
|  | Bunny for President  |                       |                         |              |                  |   |                           |  |
|  | (b) Address (number and street)<br>2000 Burnside Blvd.   |                       |                         |              |                  |   |                           |  |
|  | (c) City, State, and ZIP Code  |                       |                         |              |                  |   |                           |  |
|  | Newport  |                       |                         |              | RI               | 02871   |                           |  |
|  |  |                       |                         |              |                  |   |                           |  |
| 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 f   | iled with the princip | oal campaig             | gn committe  | e.               |   |                           |  |
|  |  |                       |                         |              |                  |   |                           |  |
|  | (a) Name of Committee (in full) Fundraising for Bun  | ny                    |                         |              |                  |   |                           |  |
|  | (b) Address (number and street) 2000 Burnside Blvd.  |                       |                         |              |                  |   |                           |  |
|  |  |                       |                         |              |                  |   |                           |  |
|  | (c) City, State, and ZIP Code  |                       |                         |              |                  |   |                           |  |
|  | Newport  |                       |                         |              | RI               | 02871   |                           |  |
|  | Loortify that I have exe   | uminad this Stateme   | ant and to t            | he heet of   | my knowlodgo d   | and belief it is true, corre                        | at and complete           |  |
|  | ·  |                       | ent and to t            | ne best of i | Thy knowledge a  |   | стани сотрієте.           |  |
|  | gnature of Candidate   |                       |                         |              |                  | Date  |                           |  |
| Bi   | unny H. Carr?t   |                       |                         | [Elect       | ronically Filed] | 09/22/2015  |                           |  |
| NO   | OTE: Submission of false, erroneous  | , or incomplete info  | rmation ma              | ay subject t | ne person signii | ng this Statement to pen                            | alties of 2 U.S.C. §437g. |  |
|  |  |                       |                         |              |                  |   |                           |  |
|  |  |                       |                         |              |                  |   |                           |  |

FEC FORM 2 (REV. 02/2009)