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FEC FORM 2

STATEMENT OF CANDIDACY

=						
1.	(a) Name of Candidate (in full)					
	McKay, Raymond, Tyler, Mr,					1
	(b) Address (number and street) 19 Bakers Creek Rd	☐ Check	if address	changed		Candidate's FEC Identification Number S4RI00051
	(c) City, State, and ZIP Code					3. Is This New Amended
	Warwick		RI	02886	6	Statement (N) OR X (A)
4.	Party Affiliation	5. Office Sought				rict of Candidate
	REPUBLICAN PARTY	Senate			RI	00
	DE	SIGNATION C	F PRIN	CIPAL	CAMPAIGI	N COMMITTEE
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)						
	NOTE: This designation should be f	led with the approp	riate office I	listed in th	ne instructions.	
	(a) Name of Committee (in full)					
	MCKAY FOR SENA	TE INC				
	(b) Address (number and street)					
	19 BAKERS CREEK RD					
	(c) City, State, and ZIP Code					
	WARWICK				RI	02886
	D.E.	OLONIATION O	E OTHE	-D 4117		COMMITTEE
	DE	SIGNATION C	F OTHE	:K AU I	IH()KI/FI)	COMMITTEES
		(Includ	ding Joint F	undraisin	g Representativ	
8.	I hereby authorize the following name candidacy.	·	•		g Representativ	
8.	•	ned committee, whic	h is NOT m	ny principa	g Representativ	es)
8.	candidacy. NOTE: This designation should be form	ned committee, whic	h is NOT m	ny principa	g Representativ	es)
8.	candidacy.	ned committee, whic	h is NOT m	ny principa	g Representativ	es)
8.	candidacy. NOTE: This designation should be form	ned committee, whic	h is NOT m	ny principa	g Representativ	es)
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8.	candidacy. NOTE: This designation should be formula (a) Name of Committee (in full)	ned committee, whic	h is NOT m	ny principa	g Representativ	es)
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8.	candidacy. NOTE: This designation should be formula (a) Name of Committee (in full)	ned committee, whic	h is NOT m	ny principa	g Representativ	es)
8.	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) (b) Address (number and street)	ned committee, whic	h is NOT m	ny principa	g Representativ	es)
8.	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	led committee, which	h is NOT m	ny principa	g Representativ al campaign cor ee.	es) nmittee, to receive and expend funds on behalf of my
	candidacy. NOTE: This designation should be fit (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	led committee, which	h is NOT m	ny principa	g Representativ al campaign cor ee.	es)
	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	led committee, which	h is NOT m	ny principa	g Representativ al campaign cor ee.	es) nmittee, to receive and expend funds on behalf of my
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Si	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exaugnature of Candidate	led committee, which	h is NOT m	ny principa	g Representativ al campaign cor ee.	es) nmittee, to receive and expend funds on behalf of my and belief it is true, correct and complete. Date
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