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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Magaziner, Seth, , ,		
(b) Address (number and street) PO Box 40993		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Providence RI 02940		2. Candidate's FEC Identification Number H2RI02184
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate RI 02		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 2026 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) Magaziner for Congress		
(b) Address (number and street) ONE PARK ROW 5TH FLOOR		
(c) City, State, and ZIP Code PROVIDENCE RI 02903		

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) Magaziner Victory Fund		
(b) Address (number and street) ONE PARK ROW 5TH FLOOR		
(c) City, State, and ZIP Code PROVIDENCE RI 02903		

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 Magaziner, Seth, , ,	Date 12/06/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

Serve America Victory Fund

(b) Address (number and street)

PO BOX 2013

(c) City, State, and ZIP Code

SALEM

MA

01970

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code