

Image# 202404159633319685

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WATERS, ALLEN, , ,		2. Candidate's FEC Identification Number H4RI01141	
(b) Address (number and street) PO BOX 40565		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code PROVIDENCE RI 02940		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate RI 01	

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) FRIENDS OF ALLEN WATERS	
(b) Address (number and street) PO BOX 40565	
(c) City, State, and ZIP Code PROVIDENCE RI 02940	

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

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 WATERS, ALLEN, , ,	Date 04/15/2024
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--