Image# 202504149755286698 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Giovonizzi, Matthew, S,,										
	(b) Address (number and street) 72 Hidden Valley Drive		S6NH00								
	(c) City, State, and ZIP Code				_		\ \ /		Amended		
	Center Tuftonboro	I - 0#		03810	-		,	N) <b>O</b>	R (A)		
4.	Party Affiliation NON						date				
	THO IN	Ochac			1411						
	DE	ESIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMMI	TTEE				
7.	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 filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	MATT 4 SENATE 2	Check if address changed   2. Candidate's FEC Identification Number   S6NH00158   3. Is This   Statement   2. New   Statement   3. Is This   3.									
	(b) Address (number and street)										
	PO BOX 97										
	(c) City, State, and ZIP Code										
	WOLFEBORO FALLS				NH	03896	;				
	DE	SIGNATIO	N OF OT		TUODIZED	COMMIT	TEES				
	DE						IEES				
8	I hereby authorize the following nar	med committee	which is NO	T my principa	al campaign co	mmittee to re	ceive and e	xnend fui	nds on hehalf of my		
0.	candidacy.	nod committee	, 111101110110	i my pimoipe	ar campaign coi			Apona rai	ido on bonan or my		
	<b>NOTE:</b> This designation should be	filed with the pr	incipal campa	ign committe	ee.						
	(a) Name of Committee (in full)										
	/b\										
	(b) Address (number and street)										
	(c) City, State, and ZIP Code										
			S6NH00158  NH 03816  NH 03816  Statement X New (N) OR (A)  Office Sought Senate  6. State & District of Candidate NH 00  IGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  d political committee as my Principal Campaign Committee for the 2026 (year of election)  d with the appropriate office listed in the instructions.  IGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  I committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my								
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is	true, correc	ct and cor	mplete.		
Signature of Candidate						Date	Date				
G	Giovonizzi, Matthew, S, ,						04/14/2025				
NC	OTE: Submission of foliog arrangeus	or incomplete	information n	any aubicat t	no noroon olani	ing this States	ment to none	oltion of 2	115 C \$427a		
NC	TIE: Submission of false, erroneous	, or incomplete	iniormation n	iay subject ti	ie person signi	ng mis Staten	nent to pena	annes of 2	0.3.C. 943/g.		
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FEC FORM 2 (REV. 02/2009)