

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|----------------------------|---|
| 1. (a) Name of Candidate (in full) Dawicki, Morgan, Gifford, , | | |
| (b) Address (number and street) 21 Washington Street | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Fairhaven | | MA 02719 |
| 4. Party Affiliation INDEPENDENT | 5. Office Sought Senate | 6. State & District of Candidate MA 00 |
| 3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> 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)

Campaign for Morgan G Dawicki

(b) Address (number and street)

21 Washington Street

(c) City, State, and ZIP Code

Fairhaven

MA

02719

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

Dawicki, Morgan, Gifford, ,

Date

07/01/2025

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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