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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Brooks, Sharon E., , ,		
(b) Address (number and street) 5659 Twin Lake Terrace N		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Crystal MN 55429		2. Candidate's FEC Identification Number P40012767
4. Party Affiliation INDEPENDENT		5. Office Sought Presidential
6. State & District of Candidate 00		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 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) OUR MS. BROOKS FOR PRESIDENT		
(b) Address (number and street) 5659 TWIN LAKE TERRACE		
(c) City, State, and ZIP Code CRYSTAL MN 55429		

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 Brooks, Sharon, E., Ms., [Electronically Filed]	Date 05/09/2023
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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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