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FEC FORM 2

STATEMENT OF CANDIDACY

4	(-) None of Condidate (in full)										
1.	(a) Name of Candidate (in full)										
	Urbina, Briana, , , (b) Address (number and street)		O Condidatela FFO Identification Number								
	8001 Legation road	☐ Check if address changed				Candidate's FEC Identification Number H0MD05191					
	(c) City, State, and ZIP Code	•						New		Amended	
	New Carrollton	MD 20784				Stater	ment 🗶 (N) OI	R	(A)	
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist	rict of Candi	date				
	DEMOCRATIC PARTY	House			MD	05					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full) URBINA FOR CONGRESS											
	(b) Address (number and street) P.O. BOX 3114										
	(c) City, State, and ZIP Code										
	HYASTVILLE				MD	20784	4				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)											
8.	I hereby authorize the following na candidacy.	med committee	, which is NO	T my princip	al campaign cor	nmittee, to re	eceive and e	xpend fur	nds on be	half of my	
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.											
Si	ignature of Candidate					Date					
Urbina, Briana, , , [Electronically Filed] 05/07/2019											
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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FEC FORM 2 (REV. 02/2009)