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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)							
Cotter Smasal, Missy, , ,							
(b) Address (number and street) PO Box 55418	☐ Check if a	address char	iged	2. Candidate's FEC Ider H4VA02060	ntification Number		
(c) City, State, and ZIP Code					ew Amended		
Virginia Beach		VA :	23471	Statement (N) OR × (A)		
4. Party Affiliation	5. Office Sought			rict of Candidate			
DEMOCRATIC PARTY	House		VA	02			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7. I hereby designate the following	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
NOTE: This designation should be	e filed with the appropriat	te office liste	d in the instructions.				
(a) Name of Committee (in full)							
MISSY FOR CON	GRESS						
(b) Address (number and street)							
PO BOX 55418							
(c) City, State, and ZIP Code							
VIRGINIA BEACH			VA	23471			
ı	DESIGNATION OF		AUTHORIZED raising Representative				
	·	-		,			
 I hereby authorize the following r candidacy. 	named committee, which i	s NOT my pi	incipal campaign con	nmittee, to receive and exp	pend funds on behalf of my		
NOTE: This designation should be	e filed with the principal c	ampaign cor	nmittee.				
(a) Name of Committee (in full)							
BLUE TO THE FL	JTURE 2024						
(b) Address (number and street)							
430 SOUTH CAPITOL STF	REET SE						
2ND FLOOR							
(c) City, State, and ZIP Code							
WASHINGTON			DC	20003			
I certify that I have	examined this Statement a	and to the be	st of my knowledge a	and belief it is true, correct	and complete.		
Signature of Candidate				Date			
Cotter Smasal, Missy, , ,				04/23/2024			
Concr Smasai, Missy, , ,				0-1/20/2024			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.							

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

	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.						
) Name of Committee (in full) MCCLELLAN COTTER SMASAL VICTORY FUND						
	(b) Address (number and street) 611 PENNSYLVANIA AVENUE SE SUITE 143						
	(c) City, State, and ZIP Code WASHINGTON	ос	20003				
	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campaign	ollowing named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of 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 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 hereby authorize the following named committee, which is NOT my principal ca candidacy. NOTE : This designation should be filed with the principal campaign		nmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						