

Image# 202307199583837299

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Spanberger, Abigail, , ,			2. Candidate's FEC Identification Number H8VA07094	
(b) Address (number and street) PO Box 3112		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Fredericksburg VA 22402		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate VA 07		

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) Spanberger for Congress		
(b) Address (number and street) PO Box 3112		
(c) City, State, and ZIP Code Fredericksburg VA 22402		

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) Democratic Future Leadership Fund		
(b) Address (number and street) PO Box 15845		
(c) City, State, and ZIP Code Washington DC 20003		

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 Spanberger, Abigail, , , <i>[Electronically Filed]</i>	Date 07/19/2023
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Service First Women's Victory Fund

(b) Address (number and street)

PO Box 9

(c) City, State, and ZIP Code

Lexington

KY

40588

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)

SEEC Victory Fund

(b) Address (number and street)

PO Box 15320

(c) City, State, and ZIP Code

Washington

DC

20003

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)

Serve America Victory Fund

(b) Address (number and street)

PO Box 2013

(c) City, State, and ZIP Code

Salem

MA

01970

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)

Stand Up for Democracy JFA

(b) Address (number and street)

PO Box 5418

(c) City, State, and ZIP Code

Takoma Park

MD

20913

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

MCA Victory Fund

(b) Address (number and street)

600 Pennsylvania Ave SE
Unit 15180

(c) City, State, and ZIP Code

Washington

DC

20003

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code