

Image# 202512179793533303

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HAMMOND, ALYSSIA, ROSE-KATHERINE, ,		
(b) Address (number and street) P.O. BOX 24861		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code RALEIGH		NC 27611
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate NC 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)

QUEEN ALYSSIA FOR UNITED STATES SENATE NORTH CAROLINA 2026

(b) Address (number and street)

P.O. BOX 24861

(c) City, State, and ZIP Code

RALEIGH NC 27611

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 HAMMOND, ALYSSIA, ROSE-KATHERINE, ,	Date 12/17/2025
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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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Form/Schedule: F2N

Transaction ID :

I FILLED OUT FORM 1 AND FORM 2. IS THERE ANYTHING ELSE I NEED TO FILL OUT TO PROPERLY FILE FOR UNITED STATES SENATE? I DONT WANT TO MISS ANY STEPS OR FORMS. THANK YOU IN ADVANCE. HAPPY HOLIDAYS!

Form/Schedule: F2N

Transaction ID:

2026 Special Election.