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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									_	
	Njinimbot, Gabriel, , ,							tification N	ıımba-		
	(b) Address (number and street) 15623 Birchrun ter						2. Candidate's FEC Identification Number H4MD04162				
	c) City, State, and ZIP Code Laurel MD 20707					3. Is This	Ne			Amended	
	Laurel	17	Statement	,	OR	Ш	(A)				
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candidate 04					
	DEMOCRATIC PARTY	House			IVID						
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
Gabriel Njinimbot For Congress											
	(b) Address (number and street) 15623 Birchrun ter										
	(c) City, State, and ZIP Code										
	Laurel				MD	20707					
_											
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTE	ES				
(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.											
Si	Signature of Candidate										
N	jinimbot, Gabriel, , ,	[Electronically Filed]				08/24/2021					
				Elec	ironicumy 1 neug						
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)