

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Bridges, Billy, , Mr,		
(b) Address (number and street) 14920 Schall Rd		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Accokeek MD 20607		2. Candidate's FEC Identification Number S4MD00624
4. Party Affiliation INDEPENDENT		5. Office Sought Senate
6. State & District of Candidate MD 00		3. Is This Statement <input checked="" type="checkbox"/> New (N) 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 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) Friends of Billy Bridges		
(b) Address (number and street) P.O. Box 734		
(c) City, State, and ZIP Code Cheltenham MD 20623		

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 Bridges, Billy, , Mr,	Date 09/10/2024
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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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