

Image# 202311109598982484

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Figures, Shomari, C., ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 40910 907 Spring Hill Avenue		2. Candidate's FEC Identification Number H4AL02170
(c) City, State, and ZIP Code Mobile AL 36604		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate AL 02

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) Committee to Elect Shomari Figures for Congress		
(b) Address (number and street) PO Box 40910 907 Spring Hill Avenue		
(c) City, State, and ZIP Code Mobile AL 36604		

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 Figures, Shomari, C., ,	Date 11/10/2023
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--