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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cross, Jennifer, , ,		
(b) Address (number and street) 819 Reece Rd Unit 184		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Severn MD 21144		2. Candidate's FEC Identification Number H6MD05362
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate MD 05

### 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) Jennifer Cross For Congress		
(b) Address (number and street) 819 Reece Rd Unit 184		
(c) City, State, and ZIP Code Severn MD 21144		

### 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 Cross, Jennifer, , ,	Date 01/20/2026
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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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