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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Van Hollen, Chris, , ,									
	(b) Address (number and street) 10605 CONCORD ST SUITE 202	eet)			2. Candidate's FEC Identification Number S6MD03441					
	(c) City, State, and ZIP Code					3. Is This			V	Amended
	KENSINGTON		ME	2089	5	Statem	nent (N)	OR OR	×	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dis	trict of Candid	date			
	DEMOCRATIC PARTY	Senate	!		MD					
	DI	ESIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMMI	TTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 (year of election) election(s).									
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in tl	ne instructions.					
	(a) Name of Committee (in full)									
	Van Hollen for Senate									
	(b) Address (number and street)									
	10605 CONCORD ST									
	SUITE 202									
	(c) City, State, and ZIP Code									
	KENSINGTON				MD	20895	5			
	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)									
	Van Hollen Victory	Fund								
	(b) Address (number and street)									
	10605 CONCORD ST									
	(c) City, State, and ZIP Code									
					MD	20005				
	KENSINGTON				MD	20895				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Sig	gnature of Candidate					Date				
Vo	an Hollen, Chris, , ,					12/03/20	25			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
					1					

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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Page	OI		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

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3.	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)							
	Van Hollen Ossoff Victory Fund							
	(b) Address (number and street)							
	PO Box 65322							
	(c) City, State, and ZIP Code							
	Washington	DC	20035					
3.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal camp							
	(a) Name of Committee (in full)							
	VAN HOLLEN SHERROD BROWN VICTORY	FUND						
	(b) Address (number and street)							
	PO Box 65322							
	(c) City, State, and ZIP Code							
	Washington	DC	20035					
3.	I hereby authorize the following named committee, which is NOT my princ	ipal campaign o	committee, to receive and expend funds on behalf of my					
	candidacy. NOTE: This designation should be filed with the principal camp	paign committe	e.					
	(a) Name of Committee (in full)							
	VAN HOLLEN COOPER VICTORY FUND							
	(b) Address (number and street)							
	PO Box 65322							
	(c) City, State, and ZIP Code							
	Washington	DC	20035					
_								
0	Lhoroby authorize the following named committee which is NOT my pring	inal compaign	committee to receive and expend funds on habelf of my					
5.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal camp							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(a)							
	(a) O'th Outh and 7/D Outh							
	(c) City, State, and ZIP Code							