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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Fields, Marvin, Christopher, ,		
(b) Address (number and street) 150 MERCER ST APT 16A		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code SOMERVILLE		2. Candidate's FEC Identification Number S6NJ00404
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought Senate		6. State & District of Candidate NJ 00

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)

CHRIS FIELDS FOR SENATE

(b) Address (number and street)

39 DIVISION ST PO BOX 27

(c) City, State, and ZIP Code

SOMERVILLE

NJ 08876

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

Fields, Marvin, Christopher, ,

Date

02/13/2026

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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