

Image# 202101259405397717

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MASON, MIA, , ,			2. Candidate's FEC Identification Number H0MD01232	
(b) Address (number and street) 7820B WORMANS MILLS ROAD, #384		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code FREDERICK MD 21701		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 MD 01		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) MIA MASON FOR CONGRESS		
(b) Address (number and street) 600B ABRUZZI DR #112		
(c) City, State, and ZIP Code CHESTER MD 21619		

### 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 Mason, Mia, D, ,  <i>[Electronically Filed]</i>	Date 01/25/2021
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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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