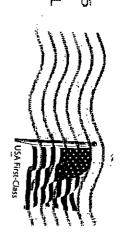
FEC FORM 2 STATEMENT OF CANDIDACY

(a) Name of Candidate (in full)	Vivian Davis Fig	ures		
(b) Address (number and street)	☐ Check if address changed	, ·= - -	2. Identification Number	
P. O. Box 2124				
(c) City, State, and ZIP Code			3. Is This New	Amended
Mobile, AL 366			Statement X (N) OR	(A)
4. Party Affiliation	5. Office Sought	6. State & Distr	rict of Candidate	
Democrat	U.S. Senate	<u> </u>	Alabama	
	ESIGNATION OF PRINCIPAL		0000	
I hereby designate the following na	amed political committee as my Principal (Campaign Comn	nittee for the 2008 election(s). (year of election)	
NOTE: This designation should be	filed with the appropriate office listed in the	ne instructions	(year or election)	
(a) Name of Committee (in full)	The state of the s			· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	for U.S. Senate			
(b) Address (number and street)	2124			
P. O. B	OX 2124			
(c) City, State, and ZIP Code				
	AL 36652-2124			
332224	33332 2721			
O.	ESIGNATION OF OTHER AU		•••••	
R I hereby outhorize the following on	(Including Joint Fundralsin	•	es) nmittee, to receive and expend funds on beh	alf of my
candidacy.	miled committee, which is not my princip	ai campaign con	minutes, to receive and expenditures on bei	ian or my
NOTE: This designation should be	filed with the principal campaign committe	se .		• •
(a) Name of Committee (in full)				
·				
(b) Address (number and street)				
(c) City, State, and ZIP Code				
DECLARATION	OF INTENT TO EXPEND PER	SONAL FU	NDS (House or Senate Only)	
9. If intend to expend personal funds	exceeding the threshold amount (see 11 to	C.F.R. 400.9) by		
	9A :		for the primary election, and	
	· •	000	•	
	98	000	for the general election.	
		-	· · · · · · · · · · · · · · · · · · ·	
If you do not intend to expend per	sonal funds exceeding the threshold amou	unt for either ele	ction, you must enter "0.00" for each.	
I certify that I have en	camined this Statement and to the best of	my knowledge s	and belief it is true, correct and complete.	
Signature of Candidate			Date /	
Ac i de	(///		9/5/19	
Timan dam	a figures		1/3/0/	
1 Words	/ 			
NOTE: Submission of false, erroneou	us, or incomplete information may subject:	the person signir	ng this Statement to penalties of 2 U.S.C. §4	37g.
		1		
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PAMELA B. GAVIN SUPERINTENDENT

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United States Senate

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