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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Crooms, Andrea, Lynn, ,

(b) Address (number and street) ☐ Check if address changed
14408 Croom Airport Rd

2. Candidate's FEC Identification Number
H4MD05201

(c) City, State, and ZIP Code
Upper Marlboro MD 20772

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
DEMOCRATIC PARTY

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 2024 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Committee to Elect Andrea Crooms

(b) Address (number and street)
11505 Cherry Tree Ln
Suite 759

(c) City, State, and ZIP Code
Cheltenham MD 20623

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
Crooms, Andrea, Lynn, ,
[Electronically Filed]

Date
06/28/2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.