Image# 202404139627619855 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Abolfazli, Maryam., , , (b) Address (number and street)	ПС	heck if addre	ss channed		2 Candidate's FEC Ide	entification Number	
	7615 US HWY 70 SOUTH	☐ Check if address changed				Candidate's FEC Identification Number     H4TN05145		
	(c) City, State, and ZIP Code						lew Amended	
	WEST NASHVILLE		TN	3722		,	N) OR (A)	
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug House	ht		6. State & Dist	trict of Candidate 05		
_	DEMOCRATIC FARTI	Tiouse			114			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
MARYAM FOR CONGRESS								
	(b) Address (number and street)							
	7615 US HWY 70 SOUTH							
	(c) City, State, and ZIP Code							
	WEST NASHVILLE				TN	37221		
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	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 f	iled with the pri	ncipal campa	ign commit	ee.			
(a) Name of Committee (in full)								
	(a) Name of Committee (in rail)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is true, correc	t and complete.	
Signature of Candidate					Date			
A	Abolfazli, Maryam, , ,					04/13/2024		
N	DTE: Submission of false, erroneous,	, or incomplete	information m	nay subject	the person signi	ng this Statement to pena	Ities of 2 U.S.C. §437g.	
NO	DTE: Submission of false, erroneous,	, or incomplete	information n	nay subject	the person signii	ng this Statement to pena	Ities of 2 U.S.C. §437g.	
NO	DTE: Submission of false, erroneous,	, or incomplete	information n	nay subject	the person signi	ng this Statement to pena	Ities of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)