

Image# 202402099619757868

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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | |
|---|----------------------------|---|---|--|--|
| 1. (a) Name of Candidate (in full) Griffin, Scottie, Jo, Dr, | | | 2. Candidate's FEC Identification Number S4MD00509 | | |
| (b) Address (number and street) 11330 King George Drive #12 | | <input type="checkbox"/> Check if address changed | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) | |
| (c) City, State, and ZIP Code Silver Spring | | MD | 20910 | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought Senate | 6. State & District of Candidate MD 00 | | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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)

Scottie Griffin's Assistants

(b) Address (number and street)

11332 King George Drive #12

(c) City, State, and ZIP Code

Silver Spring

MD 20910

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 Griffin, Scottie, Jo, Dr., | Date 02/09/2024 |
|--|--------------------|

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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