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FEC FORM 2

STATEMENT OF CANDIDACY

_											
1.	(a) Name of Candidate										
		Alsobrooks, Angela, , ,) Address (number and street)				2. Candidate's FEC Identification Number					
		1101 Mercantile Ln Ste 100			S4MD00327						
	(c) City, State, and ZIP	Code		N 4 F	2077	4	3. Is Thi				X (A)
1	Upper Marlboro Party Affiliation		E Office Sour	ME	2077	4 6. State & Dis	Stater	,) OR		(A)
4.	DEMOCRATIC PART	Υ	5. Office Soug Senate			MD	on Candi	uale			
		DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMM	ITTEE			
7.	I hereby designate the	following nar	med political co	mmittee as m	y Principal (Campaign Com	mittee for the	2030 (year of elec		ction(s).
	NOTE: This designation	n should be f	filed with the ap	propriate offi	ce listed in th	ne instructions.		· ·	,		
	(a) Name of Committee	(in full)									
	Alsobrooks	for Sena	ate								
	(b) Address (number ar	nd street)									
	1101 Mercantile L	.n Ste 100									
	(c) City, State, and ZIP	Code									
	Upper Marlboro					MD	2077	4			
		DE	SIGNATIO			THORIZED g Representati		TEES			
0	I haraby authoriza tha f	allowing non				- '	•	acive and over	and fun	do on	habalf of my
ο.	I hereby authorize the f candidacy.	ollowing nan	nea committee	, WILICIT IS INO	т тту ртттстра	ai campaign co	immittee, to re	eceive and exp	bena tun	JS 011	benaii oi my
	NOTE: This designation	n should be f	iled with the pr	incipal campa	ign committe	ee.					
	(a) Name of Committee	e (in full)									
	ALSOBRO(OKS VIC	CTORY F	JND							
	(b) Address (number a	•									
	1101 MERCANTII	LE LN									
	STE 100 (c) City, State, and ZIP	Code									
	UPPER MARLBO					MD	20774	1			
	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				Date	Date						
Alsobrooks, Angela, , ,				11/17/20	11/17/2024						
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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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	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)							
	BLUE SENATE 2024							
	(b) Address (number and street)							
	600 PENNSYLVANIA AVE SE #15180							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
3.	I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the							
	(a) Name of Committee (in full)			-				
	VICTORY NOW FOR ALSOBROOKS	VICTORY NOW FOR ALSOBROOKS						
	(b) Address (number and street)			-				
	PO BOX 65322							
	(c) City, State, and ZIP Code			-				
	WASHINGTON	DC	20035					
3.	I hereby authorize the following named committee, which is	s NOT my principal campaign co	ommittee, to receive and expend funds on behalf of my					
	candidacy. NOTE : This designation should be filed with the							
	(a) Name of Committee (in full)			-				
	BLUE SENATE 2024							
	(b) Address (number and street)			-				
	600 PENNSYLVANIA AVE SE #15180							
	(c) City, State, and ZIP Code			-				
	WASHINGTON	DC	20003					
3.	I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the							
	(a) Name of Committee (in full)		-					
	JUSTICE 2024							
	(b) Address (number and street)			-				
	600 PENNSYLVANIA AVE SE							
	#15180 (c) City, State, and ZIP Code			-				
	WASHINGTON	DC	20003					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	³ of	3	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joi	nt Fundraising Represen	tatives)					
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) VICTORY NOW FOR ALSOBROOKS							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20035					
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)							
	2024 DEM SENATE VICTORY: MD + PA	2024 DEM SENATE VICTORY: MD + PA + DSCC						
	(b) Address (number and street)							
	120 MARYLAND AVE NE							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20002					
_								
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)							
	WIN SENATE MD & PA							
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
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							