Alma Ludivina Aguado, M.D., P.A.
Internal Medicine - Board Certified
600 Division Avenue, Suite G
San Antonio, Texas 78214
(210) 924-6649 • Fax (210) 924-6344

FAX 202 219 0174

SECRETARY OF THE SENATE
08 DEC 23 PM 3:15

Attention FEC.

Please send me
FAX # And
Electronic Mail Addre
from oposing Candidates

I applied Rom FEC Form 2
for USA Senate.

Thank you
Dr Aguado

Alma Ludivina Aguado M.D.
43 Stonewall Bend
San Antonio, TX 78256

28020812237

SECRETARY OF THE SENATE
08 DEC 23 PM 3:15

# FEC FORM 2
## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Alma Ludivina Aguado MD PA LLC
(b) Address (number and street) ☐ Check if address changed — 2. Identification Number
43 Stonewall Blvd
(c) City, State, and ZIP Code San Antonio TX 78256
3. Is This Statement ☐ New (N) OR ☒ Amended (A)
4. Party Affiliation — 5. Office Sought — 6. State & District of Candidate

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) Alma Ludivina Aguado MD for Senate
(b) Address (number and street) 43 Stonewall Blvd
(c) City, State, and ZIP Code San Antonio TX 78256

### 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

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A 100.00 for the primary election, and

9B 0.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

*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: Alma Aguado MD PA — Date: Dec 22/8

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

FR3AN039.PDF — FEC FORM 2 (REV. 02/2003)

28020812238

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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