Image# 201909069163155394 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

	e of Candidate (in full)								
	es, Gina, Ortiz, ,								
	ess (number and street) Box 769261	ЦС	heck if addre	ss changed		2. Candidate H8TX23	e's FEC Identif 121	ication Numbe	er
(c) City,	State, and ZIP Code					3. Is This	New	v	Amended
	n Antonio		ΤX	7824	5	Stateme	ent (N)	OR X	(A)
4. Party Aff	filiation	5. Office Soug	ht		6. State & Dist	trict of Candidat	te		
DEMO	CRATIC PARTY	House			TX	23			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMIT	TEE		
7. I hereby	designate the following na	med political co	mmittee as n	ny Principal (Campaign Comr		2020 year of electio	_ election(s).	
	This designation should be	filed with the ap	propriate offi	ce listed in t	he instructions.				
` ,	e of Committee (in full)	m Canamaa	_						
GII	na Ortiz Jones fo	r Congres	5						
	ess (number and street) Box 769261								
(c) City,	State, and ZIP Code								
Sa	n Antonio				TX	78245			
	DE	SIGNATIO	N OF OT	MED VII.	THORIZED	COMMITT	EEG		
	DL				g Representativ		LLS		
		(.	nordanig con	it i dilalalalal	g reprocentativ	00)			
8. I hereby candidad	authorize the following nar cy.	ned committee,	which is NO	T my princip	al campaign cor	nmittee, to rece	eive and exper	nd funds on be	ehalf of my
NOTE:	This designation should be	filed with the pri	ncipal campa	aign committ	ee.				
(a) Nam	e of Committee (in full)								
` ,	OJ Victory Fund								
	ess (number and street)								
PO I	Box 769261								
(c) City,	State, and ZIP Code								
Sar	n Antonio				TX	78245			
	I certify that I have exa	amined this Stat	ement and to	the best of	my knowledge a	and belief it is tr	rue, correct an	d complete.	
Signature	of Candidate					Date			
Jones, Gina, Ortiz, ,				[Elec	tronically Filed]	09/06/2019	9		
NOTE: Sub	mission of false, erroneous	, or incomplete	information n	nay subject t	he person signir	ng this Stateme	ent to penalties	s of 2 U.S.C. §	437g.
NOTE: Sub	mission of false, erroneous	, or incomplete	information n	nay subject t	he person signir	ng this Stateme	ent to penalties	s of 2 U.S.C. §	437g.
NOTE: Sub	mission of false, erroneous	, or incomplete	information n	nay subject t	he person signir	ng this Stateme	ent to penalties	s of 2 U.S.C. §	437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

	(including John Fundalsing Representatives)							
3.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ididacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Lead the Way							
	(b) Address (number and street) 1887 Whitney Mesa Dr Ste 2980							
	(c) City, State, and ZIP Code							
	Henderson NV 89014							
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) Elect More Women							
	(b) Address (number and street) 910 17th St NW Ste 925							
	(c) City, State, and ZIP Code							
	Washington DC 20006							
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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							