

Image# 202601289794282014

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Arias, Victor, M., ,		2. Candidate's FEC Identification Number H6FL19277
(b) Address (number and street) P.O. Box 100026		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Cape Coral FL 33910		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 19

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) VICTOR ARIAS FOR CONGRESS	
(b) Address (number and street) P.O. BOX 100026	
(c) City, State, and ZIP Code CAPE CORAL FL 33910	

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 Arias, Victor, M., ,	Date 01/28/2026
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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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