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FEC FORM 2

STATEMENT OF CANDIDACY

_										
1.	(a) Name of Candidate (in full) Duarte, John, , ,									
	(b) Address (number and street)		Check if addre	ss changed		2. Candidate	e's FEC Ident	tification	Numb	er
	6706 Dusty Lane			3		H2CA13				
	(c) City, State, and ZIP Code		0.0	0505	7	3. Is This			>	Amended
4.	Modesto Party Affiliation	5. Office Soug	CA	9535		Statement Statem	()	OR		(A)
4.	REPUBLICAN PARTY	House			CA	13	ale			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following n	amed political co	ommittee as m	ny Principal (Campaign Com		2024 (year of elect		tion(s)	
	NOTE: This designation should be	e filed with the ap	opropriate offi	ce listed in th	ne instructions.					
	(a) Name of Committee (in full)									
	John Duarte for Co	ngress								
	(b) Address (number and street)									
	9460 Tegner Road									
	(c) City, State, and ZIP Code									
	Hilmar				CA	95324				
	D	ESIGNATIC			THORIZED g Representativ		TEES			
8.	I hereby authorize the following na candidacy.	amed committee	, which is NO	T my principa	al campaign co	mmittee, to red	ceive and exp	end fund	s on b	ehalf of my
	NOTE: This designation should be	e filed with the pr	incipal campa	ign committe	ee.					
	(a) Name of Committee (in full)									
	Duarte Victory Fur	nd								
	(b) Address (number and street)									
	9460 Tegner Road									
	(c) City, State, and ZIP Code									
	Hilmar				CA	95324				
	I certify that I have e.	xamined this Sta	tement and to	the best of i	my knowledge a	and belief it is t	true, correct a	and comp	olete.	
Sig	gnature of Candidate					Date				.
D	uarte, John, , ,					02/08/202	24			
							- '			
NC	OTE: Submission of false, erroneou	ıs, or incomplete	information n	nay subject t	he person signi	ng this Statem	ent to penalti	es of 2 U	l.S.C. {	§437g.

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)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf candidacy. NOTE : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full)			
	Freshman Agricultural Republican Members Tr	ust aka Fa	ırm Trust	
	(b) Address (number and street)			
	PO Box 30844			
	(c) City, State, and ZIP Code			
	Bethesda	MD	20824	
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal camp			
	(a) Name of Committee (in full)			
	Farmers for the Valley PAC			
	(b) Address (number and street) 9460 Tegner Road			
	(c) City, State, and ZIP Code			
	Hilmar	CA	95324	
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE: This designation should be filed with the principal camp (a) Name of Committee (in full) Protect the House 2024 (b) Address (number and street) PO Box 30844			
	(c) City, State, and ZIP Code Bethesda	MD	20824	
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE: This designation should be filed with the principal campa. (a) Name of Committee (in full) Emmer Majority Builders (b) Address (number and street) 824 South Milledge Avenue Suite 101 (c) City, State, and ZIP Code Athens			
	Autono	GA	30000	

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTER	ES
(Including Joint Fundraising Representatives)	

(a) Name of Committee (in full) Grow The Majority (b) Address (number and street) 228 South Washington Street Suite 115 (c) City, State, and ZIP Code Alexandria VA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee.	receive and expend funds on behalf of my
(b) Address (number and street) 228 South Washington Street Suite 115 (c) City, State, and ZIP Code Alexandria NA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016	receive and expend funds on behalf of my
228 South Washington Street Suite 115 (c) City, State, and ZIP Code Alexandria VA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016	receive and expend funds on behalf of my
Suite 115 (c) City, State, and ZIP Code Alexandria VA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016	receive and expend funds on behalf of my
(c) City, State, and ZIP Code Alexandria VA 22314 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016	receive and expend funds on behalf of my
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016	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) Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016	receive and expend funds on behalf of my
Transportation Trust Fund (b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to	
(b) Address (number and street) 502 6th Street (c) City, State, and ZIP Code Hudson WI 54016 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to	
502 6th Street (c) City, State, and ZIP Code Hudson WI 54016 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to	
Hudson WI 54016 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to	
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to	
(a) Name of Committee (in full)	receive and expend funds on behalf of my
Protect the House California 2024	
(b) Address (number and street) PO Box 30844	
(c) City, State, and ZIP Code	
Bethesda MD 20824	
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	receive and expend funds on behalf of my
candidacy. NOTE: This designation should be filed with the principal campaign committee.	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)	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) Hispanic Leadership Trust Partnership (b) Address (number and street)	receive and expend funds on behalf of my

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)

8.	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)				
	American Battleground Fund				
	(b) Address (number and street)				
	PO Box 30844				
	(c) City, State, and ZIP Code				
	Bethesda	MD	20824		
0	I haveby outhorize the following named committee, which is NOT my princip	al aamnaign as	ammittee to receive and expend funds on behalf of my		
ο.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa				
	(a) Name of Committee (in full)				
	Scalise Leadership Fund 2024				
	(b) Address (number and street) 320 First Street Southeast				
	(c) City, State, and ZIP Code	DC	20003		
	Washington	DC	20003		
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa				
	(a) Name of Committee (in full)				
	Pfriends of Pfluger				
	(b) Address (number and street) PO Box 30844				
	(c) City, State, and ZIP Code				
	Bethesda	MD	20824		
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa				
	(a) Name of Committee (in full)				
	(b) Address (number and street)				
	(c) City, State, and ZIP Code				