FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)							
_	Torres, Ritchie, John, ,							
	Address (number and street)			2. Candidate's FEC Identification Number H0NY15160				
	(c) City, State, and ZIP Code					3. Is This New Amended		
	Bronx		N	Y 1045	8	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Soug	ght			rict of Candidate		
	DEMOCRATIC PARTY	House			NY	15		
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2022</u> election(s). (year of election)							
	NOTE: This designation should be f	iled with the ap	opropriate off	ice listed in t	he instructions.			
	(a) Name of Committee (in full)							
	Torres for Congress							
	(b) Address (number and street) PO Box 580303							
	(c) City, State, and ZIP Code							
	Bronx				NY	10458		
 (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) Takano Equality Wave							
	(b) Address (number and street) PO Box 15320							
	(c) City, State, and ZIP Code							
	Washington				DC	20003		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Si	ignature of Candidate					Date		
Та	orres, Ritchie, John, ,			[Elec	tronically Filed]	07/15/2021		
N	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties 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

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)				
Torres Victory Fund				
(b) Address (number and street) PO Box 15320				
(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)						
Gottheimer Luria Torres Victory Fund						
(b) Address (number and street) 611 Pennsylvania Ave SE						
Suite 143						
(c) City, State, and ZIP Code						
	5.0	00000				
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)						
Democratic Leadership 2022						
(b) Address (number and street) PO Box 33079						
(c) City, State, and ZIP Code						
Washington	DC	20033				

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