Image# 202512099793385078 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Ortiz, Rafael, Arturo, Mr.,							
	(b) Address (number and street) 3004 NW 130th TER Apt. 254	☐ Check if address changed				Candidate's FEC Identification Number H4FL23092		
	(c) City, State, and ZIP Code					3. Is This New	Amended	
	Sunrise		FL	3332	3	Statement (N) OR	× (A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	House			FL	23		
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGI	N COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	RAFAEL A. ORTIZ							
	(b) Address (number and street)							
	1645 SW 108TH							
	(c) City, State, and ZIP Code							
	DAVIE				FL	33324		
	DE			_	_	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)								
	(a) realing of Committee (iii rail)							
(b) Address (number and street)								
	( ) 0; 0; 1							
(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Statem	ent and to	the best of	my knowledge a	and belief it is true, correct and complete.		
Si	Signature of Candidate					Date		
0	Ortiz, Rafael, Arturo, Mr.,					12/09/2025		
	ritz, Rajuci, rituro, mr.,					12/00/2020		
N	OTE: Submission of false, erroneous,	or incomplete info	ormation m	ay subject t	he person signii	ng this Statement to penalties of 2 U.S.C.	§437g.	
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FEC FORM 2 (REV. 02/2009)