FEC FORM 2

STATEMENT OF CANDIDACY

						_	
1.	(a) Name of Candidate (in full)						
	Jones, Gina, Ortiz, ,						
	(b) Address (number and street) PO Box 769261	☐ Check if add	dress chang	ed	Candidate's FEC Identification Number H8TX23121		
	(c) City, State, and ZIP Code				3. Is This New Amende	;d	
	San Antonio		TX 78	3245	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Sought		6. State & Distr	ict of Candidate		
	DEMOCRATIC PARTY	House		TX	23		
	DE	SIGNATION OF P	RINCIP	AL CAMPAIGN	COMMITTEE		
7.	I hereby designate the following nar	ned political committee a	s my Princip	al Campaign Comm	hittee for the $\frac{2020}{\text{(year of election)}}$ election(s).		
	NOTE: This designation should be f	iled with the appropriate	office listed	in the instructions.			
	(a) Name of Committee (in full)	_					
	Gina Ortiz Jones for	Congress					
	(b) Address (number and street) PO Box 769261						
	(c) City, State, and ZIP Code						
	San Antonio			TX	78245		
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)						
8.	I hereby authorize the following name candidacy.	ned committee, which is N	NOT my prir	cipal campaign com	mittee, to receive and expend funds on behalf of my		
	NOTE: This designation should be f	iled with the principal can	npaign comi	nittee.			
	(a) Name of Committee (in full) GOJ Victory Fund						
	(b) Address (number and street) 918 Pennsylvania Ave SE						
	(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	gnature of Candidate				Date		
Jo	ones, Gina, Ortiz, ,		[E	lectronically Filed]	10/29/2020		
		NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.					
NO	OTE: Submission of false, erroneous,	or incomplete informatio	n may subje	ct the person signin	g this Statement to penalties of 2 U.S.C. §437g.		
NO	OTE: Submission of false, erroneous,	or incomplete informatio	n may subje	ct the person signin	g 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

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	Go for Broke for Veterans					
	(b) Address (number and street) PO Box 15320					
	(c) City, State, and ZIP Code					
	Washington [DC	20003			
8.	candidacy. NOTE: This designation should be filed with the principal campaign	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my randidacy. NOTE : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full) Second Service Victory Fund					
	(b) Address (number and street) 2910 E Gary Way					
	(c) City, State, and ZIP Code					
	Phoenix A.	Z	85042			
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) Serve America Victory Fund (b) Address (number and street)					
	2910 E Gary Way					
	(c) City, State, and ZIP Code					
	Phoenix AZ	<u> </u>	5042			
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) Davis Jones Victory Fund					
	(b) Address (number and street) 918 Pennsylvania Ave SE					
	(c) City, State, and ZIP Code					
	Washington	C 2	20003			

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)

	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)						
	Blue Texas 2020						
	(b) Address (number and street) 918 Pennsylvania Ave SE						
	(c) City, State, and ZIP Code						
	Washington	DC	20003				
8.		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)						
	Nadler Victory Fund						
	(b) Address (number and street) 200 W 79th St #8N						
	(c) City, State, and ZIP Code						
	New York	NY	10024				
_							
8.	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the prince (a) Name of Committee (in full) House Victory Project 2020			d funds on behalf of my			
8.	candidacy. NOTE : This designation should be filed with the prince (a) Name of Committee (in full)			d funds on behalf of my			
8.	candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) House Victory Project 2020 (b) Address (number and street)			d funds on behalf of my			
8.	candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) House Victory Project 2020 (b) Address (number and street) 918 Pennsylvania Ave SE			d funds on behalf of my			
	candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) House Victory Project 2020 (b) Address (number and street) 918 Pennsylvania Ave SE (c) City, State, and ZIP Code	DC T my principal campaign	20003 committee, to receive and expend				
	candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) House Victory Project 2020 (b) Address (number and street) 918 Pennsylvania Ave SE (c) City, State, and ZIP Code Washington	DC T my principal campaign	20003 committee, to receive and expend				
	candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) House Victory Project 2020 (b) Address (number and street) 918 Pennsylvania Ave SE (c) City, State, and ZIP Code Washington I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the prince.	DC T my principal campaign	20003 committee, to receive and expend				
	candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) House Victory Project 2020 (b) Address (number and street) 918 Pennsylvania Ave SE (c) City, State, and ZIP Code Washington I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full)	DC T my principal campaign	20003 committee, to receive and expend				
	candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) House Victory Project 2020 (b) Address (number and street) 918 Pennsylvania Ave SE (c) City, State, and ZIP Code Washington I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the prince. (a) Name of Committee (in full) Takano Equality Wave (b) Address (number and street)	DC T my principal campaign	20003 committee, to receive and expend				

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Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

о.	candidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full) Representation Matters V (b) Address (number and street) 910 17th St NW Ste 925					
	(c) City, State, and ZIP Code					
	Washington DC 20006					
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	-				
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	-				
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) Name of Committee (in run)					
	(b) Address (number and street)	-				
	(c) City, State, and ZIP Code	-				