

Image# 202406209652008217

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ciscomani, Juan, , ,			2. Candidate's FEC Identification Number H2AZ02360	
(b) Address (number and street) Po Box 35103		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Tucson		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate AZ 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Ciscomani for Congress		
(b) Address (number and street) PO Box 35103		
(c) City, State, and ZIP Code Tucson AZ 85740-5103		

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) Ciscomani Victory Fund		
(b) Address (number and street) P.o. Box 35103		
(c) City, State, and ZIP Code Tucson AZ 85740-5103		

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 Ciscomani, Juan, , ,	Date 06/20/2024
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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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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2A
Transaction ID :

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(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

20824-0844

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)

Protect The House 2024

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda

MD

20824-0844

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)

Hispanic Leadership Trust Partnership

(b) Address (number and street)

1005 Congress Ave

Ste 400

(c) City, State, and ZIP Code

Austin

TX

78701-2469

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

20824-0844

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(a) Name of Committee (in full)

Emmer Majority Builders

(b) Address (number and street)

824 S. Milledge Ave. Ste. 101

(c) City, State, and ZIP Code

Athens

GA

30606

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)

Jklc Victory Fund

(b) Address (number and street)

502 6th St

(c) City, State, and ZIP Code

Hudson

WI

54016-1783

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)

NRCC Arizona Victory

(b) Address (number and street)

228 S Washington St

Ste 115

(c) City, State, and ZIP Code

Alexandria

VA

22314-5404

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)

Scott Franklin Wingman Fund

(b) Address (number and street)

P.o. Box 2811

(c) City, State, and ZIP Code

Lakeland

FL

33806-2811

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(a) Name of Committee (in full)

Grow The Majority

(b) Address (number and street)

228 S Washington St
Ste 115

(c) City, State, and ZIP Code

Alexandria VA 22314-5404

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)

Scalise Leadership Fund 2024

(b) Address (number and street)

320 1st St SE

(c) City, State, and ZIP Code

Washington DC 20003-1838

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

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