

Image# 202111039468416268

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ARREDONDO-LYNCH, ALMA, G, DR., D.D.S.		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 25783 N. HWY 83 P.O. BOX 234		2. Candidate's FEC Identification Number H2TX23140
(c) City, State, and ZIP Code CONCAN TX 78838		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TX 23

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) DR. ALMA 4 CONGRESS		
(b) Address (number and street) P.O. BOX 234 25783 N. HWY 83		
(c) City, State, and ZIP Code CONCAN TX 78838		

### 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)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

*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 ARREDONDO-LYNCH, ALMA, G., DR., D.D.S.  <i>[Electronically Filed]</i>	Date 11/03/2021
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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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