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FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	Dominguez, Juan, , ,		a ale if a cluber -			0.00===================================	In EEO Liter C	flaati t	Lunala a	
	(b) Address (number and street) 635 Cypresspointe Dr.	te Dr.				Candidate's FEC Identification Number H4MD03248				
	(c) City, State, and ZIP Code				_	3. Is This	New			nded
	Severna Park		MD	21146	-	Stateme	()	OR	(A)	
4.	Party Affiliation	5. Office Sough	t		6. State & Dist		te			
	DEMOCRATIC PARTY	House			MD	03				
	DE	SIGNATION	OF PRIN	CIPAL	CAMPAIGN	N COMMIT	TEE			
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be f	iled with the app	ropriate office I	isted in th	ne instructions.					
	(a) Name of Committee (in full)									
	FRIENDS OF JUAN	DOMING	JEZ							
	(b) Address (number and street)									
	635 CYPRESSPOINTE DR.									
	(c) City, State, and ZIP Code									
	SEVERNA PARK				MD	21146				
	DE	SIGNATION		:D A117	THODIZED	COMMITT	EEC			
				_	g Representativ		LLS			
0		,				•				
8.	I hereby authorize the following name candidacy.	ied committee, v	nich is NOT m	y principa	ai campaign con	nmittee, to rece	eive and expe	na tunas	on benait o	my
	NOTE: This designation should be f	led with the prin	cipal campaign	committe	ee.					
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(b) Address (number and street)									
	(b) Address (number and street) (c) City, State, and ZIP Code									
	(c) City, State, and ZIP Code	mined this State	ment and to the	e hest of t	mv knowledge a	and helief it is ti	ule correct a	nd compl	ete	
_	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to the	e best of i	my knowledge a		rue, correct ar	nd compl	ete.	
Sig	(c) City, State, and ZIP Code	mined this State	ment and to the	e best of I	my knowledge a	and belief it is to	rue, correct ar	nd compl	ete.	
	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to the	e best of I	my knowledge a			nd compl	ete.	
	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to the	e best of I	my knowledge a	Date		nd compl	ete.	
D	(c) City, State, and ZIP Code I certify that I have exa					Date 01/04/2024	1			
D	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate cominguez, Juan, , ,					Date 01/04/2024	1			
D	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate cominguez, Juan, , ,					Date 01/04/2024	1			

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F2N Transaction ID:

I should be all set here. I appreciate Chris Jones walking me through this process!

Form/Schedule: Transaction ID: