Image# 202307269584060305 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

	e of Candidate (in full)									
	tado, Melissa, , ,		Landa Maria	and the state of		10.0 ":	4-1- FEQ.11	-4161 11	ll. a	
	b) Address (number and street)					Candidate's FEC Identification Number     H4CA22120				
(c) City,	State, and ZIP Code					3. Is This		ew	Amended	
Sac	cramento		CA 95815			Staten	nent X (N	I) OR	(A)	
4. Party Af	filiation	5. Office Soug	ht		6. State & Dist		date			
DEMO	CRATIC PARTY	House			CA	22				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
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 filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full)										
Melissa Hurtado for Congress										
(h) Address (normal area address)										
(b) Address (number and street) 1700 Tribute Road, Suite 201										
(c) City,	State, and ZIP Code									
	acramento				CA	95815	5			
00	ioramonio									
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 7IP Code										
(b) Oity, Otatio, and Ell Oode										
	1			. 41 1 4 6					1-4-	
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						Date				
Hurtado, M	Ielissa, , ,		[Flectronically Filed]				07/26/2023			
				[Elec	тописану Гиеај					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
				-	1				· · · · · · · · · · · · · · · · · · ·	
(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 Date										
						Date			·	
Hurtado, M	Ielissa, , ,		[Flactronically Filed]				07/26/2023			
			[Electronically Filed]			01/20/2020				
						'				
NOTE O :						4l-!- Ot /		41	0.0.0407	
NUIE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)