

FEC FORM 2  
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ONDER, ROBERT, for, , JR.		
(b) Address (number and street) 9963 WINGHAVEN BLVD		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code O'FALLON MO 63368		2. Candidate's FEC Identification Number H4MO03221
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate MO 03		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) ONDER FOR CONGRESS		
(b) Address (number and street) 9963 WINGHAVEN BLVD		
(c) City, State, and ZIP Code O'FALLON MO 63368		

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) ONDER VICTORY FUND		
(b) Address (number and street) 502 6TH STREET		
(c) City, State, and ZIP Code HUDSON WI 54016		

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 ONDER, ROBERT, , ,	Date 11/11/2024
--	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--