

Image# 202008279267014375

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Valentin, Leo, , ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 2423 S Orange Ave #120		2. Candidate's FEC Identification Number H0FL07143
(c) City, State, and ZIP Code Orlando FL 32806		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 FL 07

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Leo Valentin for Congress		
(b) Address (number and street) 2423 S Orange Ave #120		
(c) City, State, and ZIP Code Orlando FL 32806		

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) CRUZ 20 FOR 20 VICTORY FUND		
(b) Address (number and street) PO BOX 341027		
(c) City, State, and ZIP Code AUSTIN TX 78734		

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 Valentin, Leo, , , <i>[Electronically Filed]</i>	Date 08/27/2020
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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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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)

TAKE BACK FL-07 REPUBLICAN NOMINEE FUND 2020

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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.

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(b) Address (number and street)

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(c) City, State, and ZIP Code