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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Leon, Stephen, Alan, Mr., (b) Address (number and street)		book if add	00 obc======		2 Condidate's EEC Identification Number	
	2509 20th Rd N #106	ЦС	heck if addre	ss cnanged		Candidate's FEC Identification Number H4VA08380	
	(c) City, State, and ZIP Code					3. Is This New Amended	
	Arlington		VA	2220		Statement (N) OR X (A)	
4.	Party Affiliation	5. Office Soug	ht			trict of Candidate	
	INDEPENDENT	House			VA	08	
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)						
	LEON FOR CONGR	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE ignate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) designation should be filed with the appropriate office listed in the instructions. Committee (in full) N FOR CONGRESS VA-08 ((number and street) DTH RD N #106 e. and ZIP Code GTON VA 22201 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) norize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my designation should be filed with the principal campaign committee. Committee (in full)					
	(b) Address (number and street)						
	2509 20TH RD N #106						
	(c) City, State, and ZIP Code						
	ARLINGTON				VA	22201	
_							
	DE	SIGNATIO	N OF OT		THODIZED	COMMITTEES	
0.	candidacy.	iea committee,	WITICH IS INO	т тту рттыр	ai campaign coi	minutee, to receive and expend funds on benain of my	
NOTE: This designation should be filed with the principal campaign committee.							
	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 exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct and complete.	
Signature of Candidate						Date	
L	eon Stephen Alan Mr	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) By authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my dacy. E: This designation should be filed with the principal campaign committee. Barne of Committee (in full) Eddress (number and street) Ity, 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						
_							
N	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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FEC FORM 2 (REV. 02/2009)