Image# 202206219517748519 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	GARCIA, CASSANDRA, , , (b) Address (number and street)	ПС	Check if addre	ass change		2. Candidate's F	FC Identific	ration N	umher	
	PO BOX 450970		oneck ii addir	cos change		H2TX28149		Jationity	umber	
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	LAREDO		T.	X 780		Statement	(N)	OR	x	(A)
4.	Party Affiliation	5. Office Soug				rict of Candidate				
	REPUBLICAN PARTY	House			TX	28				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following nar	ned political co	ommittee as r	my Principal	Campaign Comr		r of election	_ election)	on(s).	
	NOTE: This designation should be f	iled with the ap	ppropriate off	fice listed in	the instructions.					
	(a) Name of Committee (in full) CASSY FOR CONG	RESS								
	(b) Address (number and street) PO BOX 450970									
	(c) City, State, and ZIP Code									
	LAREDO				TX	78045				
	D.F.	CICNIATIO	N OF OT	LIED AL	TUODIZED	COMMITTEE				
	DE			_	ng Representativ	COMMITTEE (es)	3			
8.	I hereby authorize the following name candidacy.	ned committee	, which is NC	OT my princi	oal campaign con	nmittee, to receive	and expen	d funds	on beh	alf of my
	NOTE: This designation should be f	iled with the pr	rincipal camp	aign commit	tee.					
	(a) Name of Committee (in full)			<u> </u>						
	TAKE BACK TX-28	REPUBL	ICAN N	OMINE	E FUND 20)22				
	(b) Address (number and street) PO BOX 30844									
	(c) City, State, and ZIP Code									
	BETHESDA				MD	20824				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
G	ARCIA, CASSANDRA, , ,			[Elec	ctronically Filed]	06/21/2022				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
		1	1	1						

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

_	2 -4	2
Page	² of	_

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

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 ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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	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.									
(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 expectandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (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 expectandidacy. NOTE: This designation should be flied with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. NOTE: This designation should be flied with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. NOTE: This designation should be flied with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)											
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)											
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expectandidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expectandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)		(c) City, State, and ZIP Code									
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 ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)		BETHESDA MD 20824									
(b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)	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.									
(c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)		(a) Name of Committee (in full)									
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)		(b) Address (number and street)									
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 ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. 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									
(c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)	8.										
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expecandidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)		(b) Address (number and street)									
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 ZIP Code									
(b) Address (number and street)	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)									
(c) City, State, and ZIP Code		(b) Address (number and street)									
		(c) City, State, and ZIP Code									