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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Soto, Darren, , ,

(b) Address (number and street) ☐ Check if address changed
PO Box 421349

2. Candidate's FEC Identification Number
H6FL09179

(c) City, State, and ZIP Code
Kissimmee FL 34742

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
DEMOCRATIC PARTY

5. Office Sought
House

6. State & District of Candidate
FL 09

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Darren Soto for Congress

(b) Address (number and street)
PO Box 421349

(c) City, State, and ZIP Code
Kissimmee FL 34742

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)
Coqui Victory Fund 2026

(b) Address (number and street)
600 Pennsylvania Ave SE #15180

(c) City, State, and ZIP Code
Washington DC 20003

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**
Soto, Darren, , ,	07/17/2026

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

FEC **Form 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)

More Democratic Districts

(b) Address (number and street)

611 Pennsylvania Avenue SE
Suite 143

(c) City, State, and ZIP Code

Washington DC 20003

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 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.

(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.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code