

Image# 201912049166155600

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CASTILLO, HECTOR, L, DR,		2. Candidate's FEC Identification Number HONJ05224
(b) Address (number and street) <input type="checkbox"/> Check if address changed 24 SHINNECOCK TRAIL		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code FRANKLIN LAKES NJ 07417		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NJ 05

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) DR HECTOR CASTILLO FOR CONGRESS		
(b) Address (number and street) P O BOX 559 PARK STATION		
(c) City, State, and ZIP Code PATERSON NJ 07513		

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)		
(b) Address (number and street)		
(c) City, 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 CASTILLO, HECTOR, L, DR, <i>[Electronically Filed]</i>	Date 12/04/2019
---	--------------------

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

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