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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)	<u> </u>						
	Duenas, Angelica, Maria, ,							
	(b) Address (number and street) PO BOX 854					Candidate's FEC Identification Number H8CA29100		
	(c) City, State, and ZIP Code					3. Is This No	ew Amended	
	SUN VALLEY		CA	9135	3	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ıht			rict of Candidate		
	DEMOCRATIC PARTY	House			CA	29		
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) ANGELICA DUENAS FOR US								
	(b) Address (number and street) PO BOX 854							
	(c) City, State, and ZIP Code							
	SUN VALLEY				CA	91353		
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 exa	mined this Stat	tement and to	the best of	my knowledge a	and belief it is true, correct	and complete.	
Signature of Candidate Date								
D	uenas, Angelica, Maria, ,	[Electronically Filed]			tronically Filed]	01/01/2023		
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)