

Image# 202403289627424674

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Soto, Darren, , ,			2. Candidate's FEC Identification Number H6FL09179	
(b) Address (number and street) PO Box 421349		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Kissimmee FL 34742		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> 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 2024 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) 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		
(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 Soto, Darren, , ,	Date 03/28/2024
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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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