

FEC FORM 2
STATEMENT OF CANDIDACY

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2024 DEC -9 AM 10:43

1. (a) Name of Candidate (in full) <u>Anthony Valdes</u>		2. FEC Candidate Identification Number <u>C00877878</u>
(b) Address (number and street) <u>6000 Monroe Place Apt. 11</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <u>West New York, NJ 07093</u>		
4. Party Affiliation <u>Republican</u>	5. Office Sought <u>House of Representatives</u>	6. State & District of Candidate <u>New Jersey District 8</u>

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) <u>Valdes for Congress</u>
(b) Address (number and street) <u>6000 Monroe Place Apt. 11</u>
(c) City, State, and ZIP Code <u>West New York, NJ 07093</u>

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 	Date <u>12-2-24</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

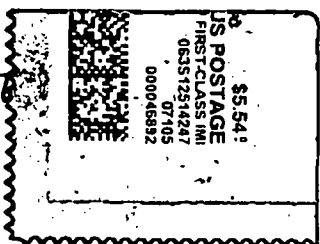
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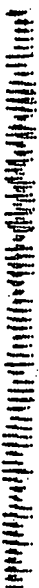
Anthony Valdes
 6000 Mohrre Place #11
 West New York, NJ
 07093



Federal Election Commission
 1050 First St, NE
 Washington, DC 20543



20463-



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

*The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12/2/24
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	<div style="display: flex; justify-content: space-between;"> Shipping Date Date of Receipt </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Next Business Day Delivery <input type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
WDO PREPARER (4/2023)	12/9/24 DATE PREPARED

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