

Image# 202605279870288734

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TEIXEIRA, MARK, CHARLES, ,			2. Candidate's FEC Identification Number H6TX21301	
(b) Address (number and street) PO BOX 1073 1450 W HWY 290		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code DRIPPING SPRINGS TX 78620		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TX 21		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) MARK TEIXEIRA FOR CONGRESS		
(b) Address (number and street) PO BOX 1073 1450 W HWY 290		
(c) City, State, and ZIP Code DRIPPING SPRINGS TX 78620		

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) TEIXEIRA VICTORY FUND		
(b) Address (number and street) PO BOX 1073 1450 W HWY 290		
(c) City, State, and ZIP Code DRIPPING SPRINGS TX 78620		

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 TEIXEIRA, MARK, CHARLES, ,	Date 05/27/2026
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

GOBER TEIXEIRA VICTORY FUND

(b) Address (number and street)

7415 SW PKWY #134
BLDG 6, STE 500

(c) City, State, and ZIP Code

AUSTIN TX 78735

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