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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Gallego, Ruben, , , (b) Address (number and street) PO Box 1710	☐ Check if a	ddress changed		Candidate's FEC Identification Number S4AZ00139			
	(c) City, State, and ZIP Code				3. Is This New Amended			
	Phoenix		AZ 8500)1	Statement (N) OR X (A)			
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate		6. State & Dist	rict of Candidate 00			
	DEWOCKATIC FARTT	Jenale		, AZ				
	DE	SIGNATION OF	PRINCIPAL	. CAMPAIGN	N COMMITTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2030 (year of election)							
	NOTE: This designation should be f	iled with the appropriate	office listed in	the instructions.				
	(a) Name of Committee (in full)							
	GALLEGO FOR AR	IZONA						
	(b) Address (number and street)							
	PO BOX 1710							
	(c) City, State, and ZIP Code							
	PHOENIX			AZ	85001			
	DE	SIGNATION OF	OTHER ALL	TUODIZED	COMMITTEES			
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)							
8.	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 f	iled with the principal ca	mpaign commit	tee.				
	(a) Name of Committee (in full)							
	2024 GREEN SEN	ATE						
	(b) Address (number and street) 120 MARYLAND AVE NE							
	(c) City, State, and ZIP Code							
	WASHINGTON			DC	20002			
				טט	20002			
					20002			
	I certify that I have exa	mined this Statement ar	nd to the best of		and belief it is true, correct and complete.			
Sig	I certify that I have exa	mined this Statement ar	nd to the best of					
		mined this Statement ar	nd to the best o		and belief it is true, correct and complete.			
G	gnature of Candidate allego, Ruben, , ,			^f my knowledge a	and belief it is true, correct and complete. Date			
G	gnature of Candidate allego, Ruben, , ,			^f my knowledge a	Date 02/12/2025			

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)					
	2024 COPPER STATE VICTORY					
	(b) Address (number and street)					
	3104 E. CAMELBACK RD #924					
	(c) City, State, and ZIP Code					
	PHOENIX	AZ	85016			
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	GALLEGO VICTORY FUND					
	(b) Address (number and street)					
	600 Pennsylvania Ave SE #15180					
	(c) City, State, and ZIP Code					
		DC	20003			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campaig		nmittee, to receive and expend funds on behalf of my			
	(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 candidacy. NOTE : This designation should be filed with the principal campaign	nmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					