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# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                                                                                                               |                                  |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>DIAZ, VANDERELMO JAMES, DIAZ, MR, SR / CRUZ GONZALEZ, DAVID, DIAZ RIVERA, SR, SR                                        |                                  |                                                                                                          |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br>149 22.5 SECTOR PARCELAS MARIA BAR<br>APT 556 CIALES PUERTO RICO 00638-9 |                                  | 2. Candidate's FEC Identification Number<br>P40009656                                                    |
| (c) City, State, and ZIP Code<br>CIALES PR 00638                                                                                                              |                                  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br>STA                                                                                                                                   | 5. Office Sought<br>Presidential | 6. State & District of Candidate<br>00                                                                   |

### 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)<br>SIORELIST ALLIANCE                                                       |  |  |
| (b) Address (number and street)<br>149 22.5 SECTOR PARCELAS MARIA BAR<br>APT 556 CIALES PUERTO RICO 00638-9 |  |  |
| (c) City, State, and ZIP Code<br>CIALES PR 00638                                                            |  |  |

### 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<br>CRUZ GONZALEZ, DAVID DIAZ RIVERA, JAMES ACEVEDO DIAZ,<br>VANDERELMO, SR | Date<br>11/16/2022 |
|---------------------------------------------------------------------------------------------------|--------------------|

[Electronically Filed]

**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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