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## FEC FORM 2

## STATEMENT OF CANDIDACY

| =   |   |                            |               |              |                 |   |               |             |                   |  |
|---|---|----------------------------|---------------|--------------|-----------------|---|---------------|-------------|-------------------|--|
| 1.  | (a) Name of Candidate (in full)   |                            |               |              |                 |   |               |             |                   |  |
|   | Anderson, Reyna, , ,  | Cheek if address - b       |               |              |                 |   | -4-1- FEO I-I | - 6161 61 N | la complete a co  |  |
|   | (b) Address (number and street)<br>2039 Tarfite Place   | ☐ Check if address changed |               |              |                 | Candidate's FEC Identification Number H6TX18349 |               |             |                   |  |
|   | (c) City, State, and ZIP Code   |                            |               |              | _               | 3. Is This                                      | \ \ \         | ew          | Amended           |  |
|   | Houston   |                            | TX            | 7707         | 7               | Stater  | nent X (N     | ) OR        | (A)               |  |
| 4.  | Party Affiliation   | 5. Office Soug             | ght           |              | 6. State & Dist |   | date          |             |                   |  |
|   | OTHER   | House                      |               |              | TX              | 18  |               |             |                   |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                            |               |              |                 |   |               |             |                   |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2025 (year of election) |                            |               |              |                 |   |               |             |                   |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |                            |               |              |                 |   |               |             |                   |  |
|   | (a) Name of Committee (in full)   |                            |               |              |                 |   |               |             |                   |  |
| Reyna Anderson for Texas  |   |                            |               |              |                 |   |               |             |                   |  |
|   | (b) Address (number and street)   |                            |               |              |                 |   |               |             |                   |  |
|   | 2039 Tarfite Place  |                            |               |              |                 |   |               |             |                   |  |
|   | (c) City, State, and ZIP Code   |                            |               |              |                 |   |               |             |                   |  |
|   | Houston   |                            |               |              | TX              | 77077   | 7             |             |                   |  |
|   |   |                            |               |              |                 |   |               |             |                   |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  |   |                            |               |              |                 |   |               |             |                   |  |
|   | (Including Joint Fundraising Representatives)   |                            |               |              |                 |   |               |             |                   |  |
| _   |   |                            |               |              | •               | •   |               |             |                   |  |
| 8.  | I hereby authorize the following name candidacy.  | ned committee              | , which is NO | I my princip | al campaign cor | mmittee, to re                                  | eceive and ex | pend funds  | s on behalf of my |  |
|   | 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.                    |   |                            |               |              |                 |   |               |             |                   |  |
| Si  | Signature of Candidate  |                            |               |              |                 |   | Date ·        |             |                   |  |
| Aı  | Anderson, Reyna, , ,  |                            |               |              |                 |   | 04/28/2025    |             |                   |  |
|   |   |                            |               |              |                 |   |               |             |                   |  |
|   |   |                            |               |              |                 |   |               |             |                   |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |   |                            |               |              |                 |   |               |             |                   |  |
|   |   | 1                          |               | -            | 1               |   | -             |             |                   |  |
|   |   |                            |               |              |                 |   |               |             |                   |  |
|   |   |                            |               |              |                 |   |               |             |                   |  |
|   |   |                            |               |              |                 |   |               | _           |                   |  |

FEC FORM 2 (REV. 02/2009)

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F2N Transaction ID:

2025 Special Election.

Form/Schedule: Transaction ID: