

Image# 202203099493748778

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Melendez, Melissa, , ,			2. Candidate's FEC Identification Number H2CA41140	
(b) Address (number and street) 31500 Grape Street, #3-215		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Lake Elsinore CA 92532		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CA 41		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) MELISSA MELENDEZ FOR CONGRESS		
(b) Address (number and street) 10093 DAVIS ROAD		
(c) City, State, and ZIP Code WILTON CA 95693		

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 Melendez, Melissa, , , <i>[Electronically Filed]</i>	Date 03/09/2022
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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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