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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.                                                                                                                                                        | (a) Name of Candidate (in full)                                                                                                               |                        |          |             |                 |                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|-------------|-----------------|-----------------------------------------------------|--|
|                                                                                                                                                           | Vargo, Michael, Ian, ,                                                                                                                        |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           | (b) Address (number and street)<br>9680 West Tropicana Avenue<br>Suite 103                                                                    |                        |          |             |                 | Candidate's FEC Identification Number     P40015174 |  |
|                                                                                                                                                           | (c) City, State, and ZIP Code                                                                                                                 |                        |          |             |                 | 3. Is This New Amended                              |  |
|                                                                                                                                                           | Las Vegas                                                                                                                                     |                        | NV       | 89147       | 7               | Statement (N) OR (A)                                |  |
| 4.                                                                                                                                                        | Party Affiliation                                                                                                                             | 5. Office Sought       |          |             | 6. State & Dist | rict of Candidate                                   |  |
|                                                                                                                                                           | W                                                                                                                                             | Presidential           |          |             | NV              | 00                                                  |  |
|                                                                                                                                                           | DE                                                                                                                                            | SIGNATION OF           | PRIN     | CIPAL       | CAMPAIGN        | N COMMITTEE                                         |  |
| 7.                                                                                                                                                        | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 (year of election)              |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                                |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           | (a) Name of Committee (in full)                                                                                                               |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           | VARGO JAL                                                                                                                                     |                        |          |             |                 |                                                     |  |
| _                                                                                                                                                         | (b) Address (number and street)                                                                                                               |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           | 9680 WEST TROPICANA AV<br>SUITE 103                                                                                                           | ENUE                   |          |             |                 |                                                     |  |
|                                                                                                                                                           | (c) City, State, and ZIP Code                                                                                                                 |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           | LAS VEGAS                                                                                                                                     |                        |          |             | NV              | 89147                                               |  |
|                                                                                                                                                           |                                                                                                                                               |                        |          |             |                 |                                                     |  |
| 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                                                                                                                 |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           |                                                                                                                                               |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           | l certify that I have exa                                                                                                                     | mined this Statement a | nd to th | e best of i | nv knowledae a  | nd belief it is true, correct and complete.         |  |
| Si                                                                                                                                                        | gnature of Candidate                                                                                                                          |                        |          |             | ,               | Date                                                |  |
|                                                                                                                                                           |                                                                                                                                               |                        |          |             |                 |                                                     |  |
| Vargo, Michael, Ian, Mr, 01/20/2025                                                                                                                       |                                                                                                                                               |                        |          |             |                 |                                                     |  |
|                                                                                                                                                           |                                                                                                                                               |                        |          |             |                 |                                                     |  |
| N                                                                                                                                                         | 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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