FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
   Ortiz, Rafael, Arturo, Mr.,

(b) Address (number and street)   ☐ Check if address changed
3004 NW 130th TER
Apt. 254

2. Candidate's FEC Identification Number
   H4FL23092

(c) City, State, and ZIP Code
Sunrise   FL   33323

3. Is This Statement   ☒ New (N)   OR   ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
REPUBLICAN PARTY	House	FL 23

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)

   RAFAEL A. ORTIZ

(b) Address (number and street)

   1645 SW 108TH

(c) City, State, and ZIP Code

   DAVIE   FL   33324

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	Date
Ortiz, Rafael, Arturo, Mr.,	09/06/2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)