

Image# 202404169633412944

# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |                            |  |   |  |
|---|----------------------------|--|---|--|
| 1. (a) Name of Candidate (in full)<br>Gallego, Ruben, , , |                            |  | 2. Candidate's FEC Identification Number<br>S4AZ00139 |  |
| (b) Address (number and street)<br>PO Box 1710            |                            | <input type="checkbox"/> Check if address changed  |   |  |
| (c) City, State, and ZIP Code<br>Phoenix AZ 85001         |                            | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |   |  |
| 4. Party Affiliation<br>DEMOCRATIC PARTY                  | 5. Office Sought<br>Senate | 6. State & District of Candidate<br>AZ 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><b>GALLEGO FOR ARIZONA</b> |  |  |
| (b) Address (number and street)<br>PO BOX 1710                |  |  |
| (c) City, State, and ZIP Code<br>PHOENIX AZ 85001             |  |  |

### 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)<br><b>GALLEGO VICTORY FUND</b> |  |  |
| (b) Address (number and street)<br>PO BOX 65322                |  |  |
| (c) City, State, and ZIP Code<br>WASHINGTON DC 20035           |  |  |

*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>Gallego, Ruben, , , | Date<br>04/16/2024 |
|---|--------------------|

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

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

**SWALLEGO VICTORY FUND**

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

WASHINGTON

DC

20035

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)

**GALLEGRO ALLRED VICTORY FUND**

(b) Address (number and street)

611 PENNSYLVANIA AVE SE  
#143

(c) City, State, and ZIP Code

WASHINGTON, DC

DC

20003

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)

**SERVE AMERICA VICTORY FUND**

(b) Address (number and street)

PO BOX 2013

(c) City, State, and ZIP Code

SALEM

MA

01970

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)

**SWALLEGO VICTORY FUND**

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

WASHINGTON

DC

20035

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

**BLUE SENATE 2024**

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

WASHINGTON DC

DC

20003

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)

**GALLEGO ALLRED VICTORY FUND**

(b) Address (number and street)

611 PENNSYLVANIA AVE SE  
#143

(c) City, State, and ZIP Code

WASHINGTON, DC

DC

20003

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)

**2024 GREEN SENATE**

(b) Address (number and street)

120 MARYLAND AVE NE

(c) City, State, and ZIP Code

WASHINGTON

DC

20002

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