Image# 202404169633412944 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

_												
1.		of Candidate										
		Gallego, Ruben, , ,) Address (number and street) □ Check if address changed				2. Candidate's FEC Identification Number						
		PO Box 1710			S4AZ00139							
	(c) City, S	tate, and ZIP	Code					3. Is This				Amended
	Phoe				AZ	8500		Staten) OF	₹	× (A)
4.	Party Affili	iation RATIC PART	-v	5. Office Soug Senate			6. State & Dis	trict of Candid	date			
	DLIVIOC	NATIO PARI	1	Seriale			nz.					
			DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMM	ITTEE			
7.	I hereby o	lesignate the	following nar	med political co	ommittee as m	ny Principal (Campaign Com	mittee for the	2024 (year of elect		ction(s).
	NOTE: Th	nis designation	n should be f	iled with the ap	opropriate offi	ce listed in th	ne instructions.					
	(a) Name	of Committee	e (in full)									
	GA	LLEGO I	FOR AR	IZONA								
	(b) Addres	ss (number ar	nd street)									
	PO E	3OX 1710										
	(c) City, S	tate, and ZIP	Code									
	PHO	DENIX					AZ	85001	1			
			DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES			
							g Representati					
8	I hereby a	uthorize the f	ollowing nam	ned committee	which is NO	T my principa	al campaign co	mmittee to re	eceive and exr	nend fun	nds on	hehalf of my
0.	candidacy		ollowing nam	ica committee	, WIIIOII 10 140	т ту рипогра	ar campaigir oo	minitioo, to re	oceive and exp	oria rai	100 011	benan or my
	NOTE: Th	is designation	n should be f	iled with the pr	incipal campa	ign committe	ee.					
	(a) Name of Committee (in full)											
	GALLEGO VICTORY FUND											
	(b) Addres	ss (number ar	nd street)									
	РО В	OX 65322										
	(c) City, S	tate, and ZIP	Code									
	WAS	HINGTON					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				Date								
Gallego, Ruben, , ,					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.												

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Paga	2 of 3	
Page	- OT °	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	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					
0	I hereby outhorize the following named committee, which is NOT my prin	acinal compoign	n committee to receive and expend funds on behalf of	mu				
Ο.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. 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 princandidacy. NOTE: This designation should be filed with the principal car (a) Name of Committee (in full) SERVE AMERICA VICTORY FUND			my 				
	(b) Address (number and street) PO BOX 2013							
	(c) City, State, and ZIP Code			_				
	SALEM	MA	01970					
8.	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					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	3 of 3	
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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.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. 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 princ candidacy. NOTE : This designation should be filed with the principal cam							
	(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 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							