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FEC FORM 2

STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	Antani, Niraj, Jaimini, ,										
	(b) Address (number and street) 8547 White Cedar Drive Unit 321	☐ Check if address changed				Candidate's FEC Identification Number H4OH02172					
	(c) City, State, and ZIP Code					3. Is This	New		Am	ended	
	Miamisburg		ОН	45342	2	Statemer	nt X (N)	OR	(A)		
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidat	е				
	REPUBLICAN PARTY	House			OH	02					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Antani for Congress										
	(b) Address (number and street)										
	8547 White Cedar Drive										
	Unit 321										
	(c) City, State, and ZIP Code										
	Miamisburg				ОН	45342					
	5.5	OLONIATION	OF OTHE	D 4117							
	DE	SIGNATION		_	_		EES				
		(Inc	luding Joint Fi	ınaraısın	g Representative	es)					
	I hereby authorize the following name candidacy.	ned committee, wh	nich is NOT m	y principa	al campaign con	nmittee, to rece	ive and expe	nd funds	on behalf o	f my	
NOTE: This designation should be filed with the principal campaign committee.											
	(a) Name of Committee (in full)										
	,										
	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
	(b) Address (number and street)										
	(b) Address (number and street)										
	(c) City, State, and ZIP Code										
		mined this Staten	nent and to the	e best of r	my knowledge a	nd belief it is tru	ue, correct an	nd comple	ete.		
	(c) City, State, and ZIP Code I certify that I have exa	mined this Staten	nent and to the	e best of r	my knowledge a	and belief it is tru	ue, correct ar	nd comple	ete.		
Siç	(c) City, State, and ZIP Code I certify that I have exa	mined this Staten	nent and to the	e best of r	my knowledge a	Date	ue, correct an	nd comple	ete.		
Siç	(c) City, State, and ZIP Code I certify that I have exa	mined this Staten	nent and to the	e best of r	my knowledge a		ue, correct ar	d comple	ete.		
Siç	(c) City, State, and ZIP Code I certify that I have exa	mined this Staten	nent and to the	best of r	my knowledge a	Date	ue, correct ar	d comple	ete.		
Sig	(c) City, State, and ZIP Code I certify that I have exa					Date 11/14/2023					
Sig	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate Intani, Niraj, Jaimini, ,					Date 11/14/2023					
Sig	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate Intani, Niraj, Jaimini, ,					Date 11/14/2023					

FEC FORM 2 (REV. 02/2009)