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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	AMATA, AUMUA, , ,				100 1111	11 00 0		
	(b) Address (number and street) PO BOX 6171	☐ Check if address changed			Candidate's FEC Identification Number     H4AS00036			
	c) City, State, and ZIP Code				3. Is This	New	Amended	
	PAGO PAGO				Statement <b>X</b>	(N) OR	(A)	
4.	Party Affiliation	5. Office Sought			rict of Candidate			
	REPUBLICAN PARTY	House		AS	00			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	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) FRIENDS OF AMATA								
	(b) Address (number and street) POST OFFICE BOX 6171							
	(c) City, State, and ZIP Code							
	PAGO PAGO			AS	96799			
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) FRIENDS OF AMA	ТА						
	(b) Address (number and street) POST OFFICE BOX 6171							
	(c) City, State, and ZIP Code							
	PAGO PAGO			AS	96799			
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			
A	MATA, AUMUA, , ,		[Eld	ctronically Filed]	04/19/2023			
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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