

Image# 202602189834757249

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Fatula, Benjamin, David, ,		2. Candidate's FEC Identification Number H6HI01352
(b) Address (number and street) <input type="checkbox"/> Check if address changed 5059 Lightning Street B		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Kapolei HI 96707		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate HI 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) Ben Fatula for Congress	
(b) Address (number and street) 5059 Lightning Street B	
(c) City, State, and ZIP Code Kapolei HI 96707	

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 Fatula, Benjamin, David, ,	Date 02/18/2026
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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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