

Image# 201806299115199285

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Alu Campagna, Sheryl, Francys, ,		2. Candidate's FEC Identification Number H8HI02133
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 4659		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Kaneohe HI 96744-9998		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate HI 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) FRIENDS OF SHERRY CAMPAGNA	
(b) Address (number and street) PO BOX 4659	
(c) City, State, and ZIP Code KANEEOHE HI 96744-9998	

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 Alu Campagna, Sheryl, Francys, , <i>[Electronically Filed]</i>	Date 06/29/2018
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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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