## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1.  | (a) Name of Candidate (in full)  |                            |    |        |                   |  |                                |  |
|---|--|----------------------------|----|--------|-------------------|--|--------------------------------|--|
|   | MAKKI, AMANDA, , ,<br>(b) Address (number and street)  | □ Check if address changed |    |        |                   | 2. Candidate's FEC Identification Number |                                |  |
|   | PO BOX 47483   |                            |    |        |                   | H0FL13133                                |                                |  |
|   | (c) City, State, and ZIP Code  |                            |    |        |                   | 3. Is This Ne                            |                                |  |
| _   | ST PETERSBURG  |                            | FL | . 3374 |                   | Statement X (N                           | ) <b>OR</b> (A)                |  |
| 4.  | Party Affiliation  | 5. Office Sough<br>House   | t  |        | 6. State & Disti  | rict of Candidate 13                     |                                |  |
|   | rep  | Tiouse                     |    |        | 15                | 10                                       |                                |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                            |    |        |                   |  |                                |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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)<br>AMANDA MAKKI FOR CONGRESS  |  |                            |    |        |                   |  |                                |  |
|   | (b) Address (number and street)<br>PO BOX 47483  |                            |    |        |                   |  |                                |  |
|   | (c) City, State, and ZIP Code  |                            |    |        |                   |  |                                |  |
|   | ST PETERSBURG  |                            |    |        | FL                | 33743                                    |                                |  |
| (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<br>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 .   |  |                            |    |        |                   |  |                                |  |
| MAKKI AMANDA  |  |                            |    |        |                   |  |                                |  |
|   | ,,, , , , , , ,  |                            |    | [Elec  | tronically Filed] | 07/20/2021                               |                                |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |  |                            |    |        |                   |  |                                |  |
|   |  |                            |    |        |                   |  |                                |  |
|   |  |                            |    |        |                   |  |                                |  |
| L   | I  | 1                          |    |        |                   | 1  | J<br>FEC FORM 2 (REV. 02/2009) |  |