

Image# 202402269622285477

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Shelton, Amanda, Lee, ,		
(b) Address (number and street) PO Box 803		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Hagatna		GU 96932
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate GU 01
3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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)

SHELTON FOR CONGRESS

(b) Address (number and street)

PO BOX
803

(c) City, State, and ZIP Code

HAGATNA GU 96932

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 Shelton, Amanda, Lee, ,	Date 02/26/2024
---------------------------------------------------	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--