

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) ARTURO P. REYES		
(b) Address (number and street) 94-1432 KAHULI STREET		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code WAIPAHU HAWAII 96797		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN	5. Office Sought U.S. HOUSE & REP.	6. State & District of Candidate HAWAII, DISTRICT I

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) FRIENDS OF REYES, REYES 4US CONGRESS
(b) Address (number and street) 94-1432 KAHULI STREET
(c) City, State, and ZIP Code WAIPAHU HAWAII 96797

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) NONE
(b) Address (number and street) NA
(c) City, State, and ZIP Code NA

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 Arturo P. Reyes	Date 6 JUNE 2022
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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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)

N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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)

N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

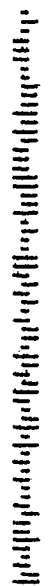
N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

ARIKHO P. REYES 4 U.S. CONGRESS
24-1432 KAHUHI ST
HAI PAHU HI 96797


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<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
 PREPARER (3/2015)		<i>6/13/22</i> DATE PREPARED