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FEC FORM 2

STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)							
	MAKKI, AMANDA, , ,						antification Number	
	PO BOX 47483	Address (number and street)				Candidate's FEC Identification Number H0FL13133		
	(c) City, State, and ZIP Code						New Amended	
	ST PETERSBURG		FL	3374			N) OR (A)	
4.	Party Affiliation	5. Office Sough	nt			rict of Candidate		
	rep	House			FL	13		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) AMANDA MAKKI FOR CONGRESS								
	(b) Address (number and street) PO BOX 47483							
	(c) City, State, and ZIP Code							
	ST PETERSBURG				FL	33743		
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)								
(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 Date								
MA	AKKI, AMANDA, , ,	[Electronically Filed]			ronically Filed]	08/02/2021		
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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FEC FORM 2 (REV. 02/2009)