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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) LAL, AMIT, , ,									
	(b) Address (number and street) P.O. BOX 300254	☐ Check if address changed				Candidate's FEC Identification Number H0NY05088				
	(c) City, State, and ZIP Code JAMAICA	ZIP Code NY 11430				3. Is This	New (N) OR	x	Amended (A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sough House	t		6. State & Dis	rict of Candidate 05				
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) LAL4NY5										
	(b) Address (number and street) P.O. BOX 300254									
	(c) City, State, and ZIP Code									
	JAMAICA				NY	11430				
(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 LAL, AMIT, , ,			[Electronically Filed]			Date				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID:

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Form/Schedule: Transaction ID: