

Image# 202311159599112590

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Amo, Gabriel, F, ,		2. Candidate's FEC Identification Number H4RI01265
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 40457		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Providence RI 02940		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate RI 01

### 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) Gabe Amo for Congress		
(b) Address (number and street) PO Box 40457		
(c) City, State, and ZIP Code Providence RI 02940		

### 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) Gabe Amo Victory Fund		
(b) Address (number and street) 124 Washington St Suite 101		
(c) City, State, and ZIP Code Foxboro MA 02038		

*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 Amo, Gabriel, F, ,	Date 11/15/2023
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**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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