FEC FORM 2
STATEMENT OF CANDIDACY

---

1. (a) Name of Candidate (in full)

    kifle, aaron, , ,

(b) Address (number and street) 5245 vista blvd ste f3 388	☐ Check if address changed	2. Candidate's FEC Identification Number H4NV02177		
(c) City, State, and ZIP Code Sparks NV 89436		3. Is This Statement	☒ New (N) **OR**	☐ Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NV 02		

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)

Aaron Kifle for Congress

(b) Address (number and street)

5245 vista blvd ste f3 388

(c) City, State, and ZIP Code

Sparks   NV   89436

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 *kifle, aaron, , ,* *[Electronically Filed]*	**Date** 03/19/2023

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 @@5 B9 CI G`H9 L H`F 9 @5 H9 8 `HC `5 `F 9 DCF Hž G7 < 9 8 I @9 `CF `+H9 A =N5 H=CB

Form/Schedule: F2N
Transaction ID :

Aaron Kifle for Congress

Form/Schedule:
Transaction ID: