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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Amaral, Melba, S S, , (b) Address (number and street) P.O. Box 235953	☐ Check if address changed				Candidate's FEC Identification Number S4HI00201				
_	(c) City, State, and ZIP Code					lew	Amende	 ed		
	Honolulu		H	9682		`	N) OR	(A)		
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug Senate	ht		6. State & Dist	rict of Candidate 00				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
Melba Amaral For Congress										
	(b) Address (number and street)									
	P.O. Box 235953									
	(c) City, State, and ZIP Code									
	Honolulu				HI	96823				
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 exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correc	t and comple	te.	_	
Signature of Candidate						Date				
Amaral, Melba, S S, ,						07/04/2024				
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)