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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | |
|---|--|-----------------|----|------|---|-------------------|----------|--|
| | Keivaulqe Autiameineire, Fepbrina, Estrelvia, , | | | | | | | |
| | o) Address (number and street) | | | | Candidate's FEC Identification Number H2CA27230 | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This Ne | | |
| | Gilroy | | CA | 9502 | 0 | Statement (N) |) OR (A) | |
| 4. | Party Affiliation | 5. Office Sough | nt | | 6. State & Distr | rict of Candidate | | |
| | OTHER | House | | | CA | 18 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) election(s). | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| (a) Name of Committee (in full) VOTE KEIVAULQE AUTIAMEINEIRE TO PROTECT & SECURE DISTRICT 17 | | | | | | | | |
| | (b) Address (number and street) 777 1ST STREET, PMB#510 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | GILROY | | | | CA | 95020 | | |
| 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 f | | | | | , | , | |
| (a) Name of Committee (in full) SUPPORT CALIFORNIA'S FUTURE BY ELECTING KEIVAULQE AUTIAMEINEIRE TO ENDOW GOOD CHANGES | | | | | | | | |
| | (b) Address (number and street) 777 1ST ST PMB 510 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Gilroy | | | | CA | 95020 | | |
| 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 | | | | | | | |
| Ke | Keivaulqe Autiameineire, Fepbrina, Estrelvia, Miss, [Electronically Filed] 02/14/2023 | | | | | | | |
| 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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