## FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)									
	AMODEI, MARK, EUGENE, ,									
	(b) Address (number and street) 805 W SUNSET	□ Check if address changed			2. Candidate's FEC Identification Number H2NV02395					
	(c) City, State, and ZIP Code CARSON CITY		N۷	/ 89703	3	3. Is This Stater			X Amended (A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dis		date			
	REPUBLICAN PARTY	House			NV	02				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2024</u> 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)									
AMODEI FOR NEVADA										
	(b) Address (number and street)									
	503 N DIVISION ST									
	(c) City, State, and ZIP Code									
	CARSON CITY				NV	89703	3			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
<ol> <li>I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.</li> </ol>										
<b>NOTE:</b> This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
SCALISE LEADERSHIP FUND 2024										
(b) Address (number and street)										
	320 1ST ST SE									
	(c) City, State, and ZIP Code									
	WASHINGTON				DC	20003				
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				
AMODEI, MARK, EUGENE, ,						05/30/20	24			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
N	OTE: Submission of false, erroneous	, or incomplete	information n	nay subject th	ne person signi	ing this State	ment to penal	ties of 2 U.S	.C. §437g.	
N	DTE: Submission of false, erroneous	, or incomplete	information n	nay subject tł	ne person signi	ing this State	ment to penal	ties of 2 U.S	.C. §437g.	

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