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## FEC FORM 2

## STATEMENT OF CANDIDACY

` '	e of Candidate (in full)					
	ete Kama, Uloma, , ,					
	dress (number and street)					Candidate's FEC Identification Number     H4LA02137
	State, and ZIP Code rietta		G <i>A</i>	3006	7	3. Is This Statement X (N) OR (A)
4. Party Aff	iliation	5. Office Soug	ght		6. State & Dis	strict of Candidate
DEMO	CRATIC PARTY	House			LA	02
	D	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
NOTE: T	his designation should be	e filed with the ap	propriate offi	ce listed in th	ne instructions.	
(a) Nam	e of Committee (in full)					
PE	RIDOT OPERA	TIONS INC	DR. UL	OMA Ek	KPETE KA	AMA
(b) Addr	ess (number and street)					
346	8 RIVER HEIGHTS CR	DSSING SE				
(c) City,	State, and ZIP Code					
MA	ARIETTA				GA	30067
	D	ESIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES
	_				g Representativ	
8. I hereby candidad	•	amed committee	, which is NO	T my principa	al campaign co	mmittee, to receive and expend funds on behalf of my
NOTE: T	This designation should be	e filed with the pr	incipal campa	aign committe	ee.	
(a) Nam	e of Committee (in full)					
(b) Addr	ess (number and street)					
(c) City,	State, and ZIP Code					
	I certify that I have e	camined this Sta	tement and to	the hest of i	mv knowledae i	and belief it is true, correct and complete.
Signature	<u> </u>					Date
Signature of Candidate  Ekpete Kama, Uloma, , ,					05/28/2024	
Екрете Кап	ui, Otoma, , ,					03/20/2024
NOTE: Sub	mission of false, erroneou	ıs, or incomplete	information n	nay subject t	he person signi	ing this Statement to penalties of 2 U.S.C. §437g.
NOTE: Sub	mission of false, erroneou	s, or incomplete	information n	nay subject t	he person signi	ing this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)