

Image# 202411179719987948

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ekpete Kama, Uloma, , Dr.,			2. Candidate's FEC Identification Number H4FL01262	
(b) Address (number and street) 7901 4th Street N		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Saint Petersburg FL 33702		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 01		

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) PERIDOT OPERATIONS INC- ULOMA EKPETE		
(b) Address (number and street) 8735 DUNWOODY PLACE STE R,		
(c) City, State, and ZIP Code ATLANTA GA 30350		

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 Ekpete Kama, Uloma, , Dr.,	Date 11/17/2024
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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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Transaction ID :

2024 Special Election.

Form/Schedule:
Transaction ID: