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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	DOUG LAMALFA (b) Address (number and street)	☐ Check if address changed			2. Candidate's FEC Identification Number						
	16 LAMALFA LN.	☐ Check if address changed			H2CA02142						
	(c) City, State, and ZIP Code					3. Is This	\ \ \	New	Amended	<u> </u>	
	BIGGS		C	A 959′		Staten	,	N) OR	(A)		
4.	Party Affiliation	5. Office Sou			6. State & Dist	trict of Candid	date				
	REPUBLICAN PARTY	House	1		CA	01				_	
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)  DOUG LAMALFA (	OMMITT	EE								
	(b) Address (number and street) 2150 RIVER PLAZA DR., #1	50								_	
	(c) City, State, and ZIP Code										
	SACRAMENTO				CA	95833	3				
	Di	SIGNATIO	N OF OT	TIED VII	TUODIZED	COMMIT	TEES			_	
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8.	I hereby authorize the following naticandidacy.	med committee	, which is NO	T my princip	oal campaign cor	mmittee, to re	eceive and e	xpend funds	s on behalf of my		
	NOTE: This designation should be	filed with the pr	rincipal campa	aign commit	tee.						
	(a) Name of Committee (in full)									_	
CALIFORNIANS FOR A PROSPEROUS ECONOMY											
	(b) Address (number and street)										
	P. O. BOX 13882										
	(c) City, State, and ZIP Code									_	
	BAKERSFIELD				CA	93389	l				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Si	gnature of Candidate					Date				_	
De	oug LaMalfa			[Elec	tronically Filed]	06/25/20	13				
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)

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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	I OF OTHER AUTHORIZED COMMITTEES nocluding Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, which is candidacy.	s NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation should be filed with the p	rincipal campaign committee.	
(a) Name of Committee (in full) ECONOMIC SOLUTIONS VIC	CTORY FUND	
(b) Address (number and street) 2470 DANIELL'S BRIDGE RD. #121		
(c) City, State and ZIP Code		
ATHENS	GA 30606	
	N OF OTHER AUTHORIZED COMMITTEES ncluding Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, which is candidacy.	s NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation should be filed with the p	orincipal campaign committee.	
(a) Name of Committee (in full)		
FRESHMAN AGRICULTURAL	L REPUBLICAN MEMBERS TRUST	
(b) Address (number and street) P. O. BOX 30844		
(c) City, State and ZIP Code		
BETHESDA	MD 20824	
	N OF OTHER AUTHORIZED COMMITTEES including Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, which is candidacy.	s NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation should be filed with the p	orincipal campaign committee.	
(a) Name of Committee (in full)		
FRESHMAN HOLD'EM JFC		
(b) Address (number and street) 209 PENNSYLVANIA AVE. S.E. #2109		
(c) City, State and ZIP Code		
WASHINGTON	DC 20003	