PAGE 1 / 1

Image# 202008209266008009

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	McClendon, Martin, V., ,								
	(b) Address (number and street) 5500 Olympic Dr Ste H105 PMB 173	X Check if address changed				Candidate's FEC Identification Number H4WA06075			
	(c) City, State, and ZIP Code					3. Is This		ew	Amended
	GIG HARBOR		WA	98335	5	Statem	ent X (N	l) OR	(A)
4.	Party Affiliation	5. Office Sought			6. State & Dist		late		
	REPUBLICAN PARTY	House			WA	10			
	DE	SIGNATION (OF PRINC	IPAL	CAMPAIGN	N COMMI	TTEE		
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).								
	NOTE: This designation should be f	led with the approp	oriate office lis	sted in th	e instructions.				
	(a) Name of Committee (in full) FRIENDS OF MAR	TY MCCLEN	IDON						
	(b) Address (number and street)								
	5500 OLYMPIC DR								
	STE H105 PMB 173								
	(c) City, State, and ZIP Code								
	GIG HARBOR				WA	98335			
	DE	SIGNATION (HORIZED Representativ		TEES		
8.	I hereby authorize the following name candidacy.	ned committee, whi	ch is NOT my	principa	ıl campaign con	nmittee, to re	ceive and ex	pend funds	on behalf of my
	NOTE: This designation should be f	led with the princip	al campaign	committe	ee.				
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	,								
	,								
	(a) City City and 7/D Code								
	(c) City, State, and ZIP Code								
	(c) City, State, and ZIP Code								
	(c) City, State, and ZIP Code								
	(c) City, State, and ZIP Code I certify that I have exa	mined this Stateme	ent and to the	best of r	ny knowledge a	and belief it is	true, correct	and compl	ete.
Si	I certify that I have exa	mined this Stateme	ent and to the	best of r	ny knowledge a	_	true, correct	and compl	lete.
	I certify that I have exa	mined this Stateme	ent and to the			Date		and compl	lete.
	I certify that I have exa	mined this Stateme	ent and to the		ny knowledge a ronically Filed]	_		and compl	lete.
	I certify that I have exa	mined this Stateme	ent and to the			Date		and compl	lete.
M	I certify that I have exa			[Electi	ronically Filed]	Date 08/20/202	20		
M	I certify that I have exa gnature of Candidate IcClendon, Martin, V., ,			[Electi	ronically Filed]	Date 08/20/202	20		
M	I certify that I have exa gnature of Candidate IcClendon, Martin, V., ,			[Electi	ronically Filed]	Date 08/20/202	20		

FEC FORM 2 (REV. 02/2009)