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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Dean, Madeleine, , , (b) Address (number and street) P.O. Box 444	☐ Check if address changed				2. Candidate's FEC Identification Number H8PA04116				
	(c) City, State, and ZIP Code Glenside	PA 19038					ew N) OR	\/	Amended (A)	
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug	ht		6. State & Dist	rict of Candidate		_		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)									
	MAD 4 PA PAC									
_	(b) Address (number and street)									
	P.O. Box 444									
	(c) City, State, and ZIP Code									
	Glenside				PA	19038				
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						Date				
Dean, Madeleine, , ,						12/20/2024				
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)