FEC FORM 1	STATEMENT OF ORGANIZATION	
		Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed)   Example: If typing, type over the lines.   `12FE4M5`

M A L I K   F O R   C O N G R E S S

ADDRESS (number and street)   5 0   E A S T   C O U R T   S T R E E T

☐ (Check if address is changed)

D O Y L E S T O W N   P A   1 8 9 0 1 -

CITY   STATE   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)   d e a n @ d e a n m a l i k . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)   w w w . d e a n m a l i k . c o m

2. DATE   1 2 / 3 0 / 2 0 0 9

3. FEC IDENTIFICATION NUMBER   C

4. IS THIS STATEMENT ☒ NEW (N)   **OR**   ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   John . Benson

Signature of Treasurer   *[signature]*   Date   1 2 / 3 0 / 2 0 0 9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a)· ☒ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate |D|E|A|N| |M|A|L|I|K| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Candidate
Party Affiliation |R|E|P| Office
Sought: ☒ House ☐ Senate ☐ President   State |P|A|
District |0|8|

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Party Committee:

(d) ☐ This committee is a |_____| (National, State or subordinate) committee of the |_____| (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation   ☐ Corporation w/o Capital Stock   ☐ Labor Organization

☐ Membership Organization   ☐ Trade Association   ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☐ *This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)*

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)· ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. |_____| FEC ID number |C|_____|

2. |_____| FEC ID number |C|_____|

3. |_____| FEC ID number |C|_____|

4. |_____| FEC ID number |C|_____|

Write or Type Committee Name

MALIK FOR CONGRESS

6.   **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

N O N E

Mailing Address

| | CITY | STATE | ZIP CODE |

Relationship: ☐ Connected Organization   ☐ Affiliated Committee   ☐ Joint Fundraising Representative   ☐ Leadership PAC Sponsor

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7.   **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name   DANIEL KEANE

Mailing Address 935 SECOND STREET PIKE

                 RICHBORO   PA   1 8 9 5 4 -

Title or Position   CITY   STATE   ZIP CODE

CUSTODIAN OF RECORDS   Telephone number   2 1 5 - 3 2 2 - 7 3 4 0

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8.   **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer   JOHN BENSON

Mailing Address 50 EAST COURT STREET

                 DOYLESTOWN   PA   1 8 9 0 1 -
                              CITY   STATE   ZIP CODE

Title or Position
TREASURER   Telephone number   2 1 5 - 3 4 8 - 4 4 1 6

Full Name of
Designated
Agent

Mailing Address

|_____| |___| |_____|-|_____|
                CITY   STATE   ZIP CODE

Title or Position

Telephone number |___|-|___|-|_____|

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

|_____| |___| |_____|-|_____|
                CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

NATIONAL PENN

Mailing Address   90 NORTH MAIN STREET

DOYLESTOWN   PA   18901 -
                CITY   STATE   ZIP CODE