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FEC FORM 2

STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	Siddiqi, Imraan, , ,										
	(b) Address (number and street) 400 Gilman Ave, NW #3067	00 Gilman Ave, NW 3067					Candidate's FEC Identification Number H4WA08154				
	(c) City, State, and ZIP Code					3. Is This	Nev	N	- A	mended	
	Issaquah		WA	98027	7	Stateme	ent X (N)	OR	(A)	
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candida	ite				
	DEMOCRATIC PARTY	House			WA	80					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	IMRAAN FOR CON	GRESS									
	(b) Address (number and street)										
	PO BOX 3067										
	(c) City, State, and ZIP Code										
	ISSAQUAH				WA	98027					
	DE	SIGNATION (In		_	ΓHORIZED g Representativ		EES				
8.	I hereby authorize the following name candidacy.	ed committee, v	vhich is NOT i	my principa	al campaign cor	nmittee, to rec	eive and exp	end funds	on beha	f of my	
	NOTE: This designation should be f	led with the prin	cipal campaig	n committe	ee.						
	(a) Name of Committee (in full)										
	(b) Address (number and street)										
	(b) Address (number and street)										
	(b) Address (number and street) (c) City, State, and ZIP Code										
	(c) City, State, and ZIP Code										
		mined this State	ment and to th	he best of I	my knowledge a	and belief it is t	rue, correct a	and compl	lete.		
Si	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to th	he best of I	ny knowledge a	and belief it is t	rue, correct a	ind compi	lete.		
	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate	mined this State	ment and to th	he best of I	my knowledge a	Date		ind compi	ete.		
	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to th	he best of I	ny knowledge a			and compi	lete.		
	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate	mined this State	ment and to th	he best of I	my knowledge a	Date		ind compi	lete.		
Si	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate					Date 05/07/2024	4				
Si	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate iddiqi, Imraan, , ,					Date 05/07/2024	4			'g.	
Si	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate iddiqi, Imraan, , ,					Date 05/07/2024	4			'g.	

FEC FORM 2 (REV. 02/2009)