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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | |
|--|---|----------------------------|--------------|-------------|---|-------------------------------|-----------------|-----------|--|
| | Lewallen, Leslie, , , (b) Address (number and street) | | | | | O Condidatela FFO !! | andification Al | una la nu | |
| | PO Box 979 | ☐ Check if address changed | | | Candidate's FEC Identification Number H4WA03122 | | | | |
| | City, State, and ZIP Code | | | | | | New | Amended | |
| | Camas | | WA | 9860 | | , | N) OR | (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | | rict of Candidate | | | |
| | REPUBLICAN PARTY | House | | | WA | 03 | | | |
| 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) Leslie for Washington | | | | | | | | | |
| | | | | | | | | | |
| | (b) Address (number and street) PO Box 979 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Camas | | | | WA | 98607 | | | |
| 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 | | | | | | | | | |
| | (4, - 4, | | | | | | | | |
| | I certify that I have exa | mined this Stat | ement and to | the best of | my knowledge a | and belief it is true, correc | et and comple | te. | |
| Si | Signature of Candidate Date | | | | | | | | |
| | ewallen, Leslie, , , | | | | | 04/20/2023 | | | |
| | | | | [Elec | tronically Filed] | 04/20/2023 | | | |
| 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)