

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <i>Nadia Bahia Smalley</i>		2. FEC Candidate Identification Number
(b) Address (number and street) ☐ Check if address changed <i>1301 Medical Center Dr. # 536</i>		
(c) City, State, and ZIP Code <i>Chula Vista, California 91911</i>		3. Is This Statement ☒ New (N) OR ☐ Amended (A)
4. Party Affiliation <i>Democratic</i>	5. Office Sought <i>President</i>	6. State & District of Candidate <i>California, San Diego</i>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) <i>NADIA BAHIA Smalley for President</i>
(b) Address (number and street) <i>1301 Medical Center Dr. # 536</i>
(c) City, State, and ZIP Code <i>Chula Vista, California 91911</i>

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 <i>[Signature]</i>	Date <i>11 / 9 / 18</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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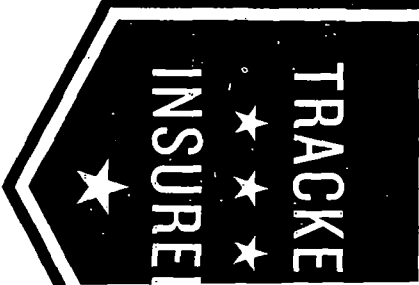
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PREPARER (3/2015)	11-14-18 DATE PREPARED