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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)  John Malan										
	(b) Address (number and street)					2. Candidate's FEC Identification Number					
						H6WA041				A	
	(c) City, State, and ZIP Code Pasco		WA	99302	2	3. Is This Statemen	nt New (N)	OR	×	Amended (A)	
4.	Party Affiliation	5. Office Sought			6. State & Dis	rict of Candidate	е			. , ,	
	DEMOCRATIC PARTY	House			WA	04					
	DE	SIGNATION O	F PRII	NCIPAL	CAMPAIG	N COMMIT	TEE				
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)										
	NOTE: This designation should be f	iled with the appropri	iate office	e listed in th	e instructions.						
	(a) Name of Committee (in full)  JOHN MALAN @ RESTORE AMERICA DOT INFO										
	(b) Address (number and street) PO BOX 3966										
	(c) City, State, and ZIP Code										
	PASCO				WA	99302					
	DE	CICNIATION O	- OTI								
	DE					COMMITTE	EES				
		(Includi	ing Joint	Fundraising	g Representativ	es)					
8.	I hereby authorize the following nam candidacy.	(Includi	ing Joint	Fundraising	g Representativ	es)		nd funds	on be	ehalf of my	
8.	I hereby authorize the following name	(Includi	ing Joint n is NOT	Fundraising	g Representativ ul campaign cou	es)		nd funds	on be	ehalf of my	
8.	I hereby authorize the following nam candidacy.	(Includi	ing Joint n is NOT	Fundraising	g Representativ ul campaign cou	es)		nd funds	on be	chalf of my	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(Includi	ing Joint n is NOT	Fundraising	g Representativ ul campaign cou	es)		nd funds	on be	chalf of my	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (a) Name of Committee (in full)	(Includi	ing Joint n is NOT	Fundraising	g Representativ ul campaign cou	es)		nd funds	on be	chalf of my	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(Includi	ing Joint n is NOT	Fundraising	g Representativ ul campaign cou	es)		nd funds	on be	chalf of my	
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Sig	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example of Candidate	(Includi	ing Joint	Fundraising my principal gn committee	g Representativ	es) nmittee, to recei	ive and exper			chalf of my	
Sig Jo	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example of Candidate	(Includined committee, which the principal with the principal mined this Statement	ing Joint is NOT campaig	Fundraising my principa gn committe  the best of r	g Representatival campaign control campaign campaign control campaign campaign control campaign campaign control campaign campaign control campaign campaign control campaign control campaign control campaign co	es) nmittee, to recei	ive and exper	d compl	ete.		
Sig Jo	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example of Candidate In Malan	(Includined committee, which the principal with the principal mined this Statement	ing Joint is NOT campaig	Fundraising my principa gn committe  the best of r	g Representatival campaign control campaign campaign control campaign campaign control campaign campaign control campaign campaign control campaign campaign control campaign control campaign control campaign co	es) nmittee, to recei	ive and exper	d compl	ete.		

FEC FORM 2 (REV. 02/2009)