

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) <b>MALCOLM KHALID OLIVER</b>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>255 S. GRAND AVE. #1507</b>		
(c) City, State, and ZIP Code <b>LOS ANGELES CA. 90012</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>Democrat</b>	5. Office Sought <b>PRESIDENT</b>	6. State & District of Candidate <b>CALIFORNIA - 34<sup>th</sup> District</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) <b>MALCOLM FOR AMERICA</b>
(b) Address (number and street) <b>505 S. FLOWER STREET # 71101</b>
(c) City, State, and ZIP Code <b>LOS ANGELES CA. 90071</b>

**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 	Date <b>4/10/19</b>
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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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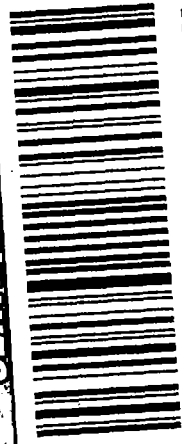
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MALCOLM FOR AMERICA  
505 S. FLOWER Street, #71101  
LOS ANGELES, CA. 90071

\* Domestic only

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2019-04-15 10:00:00 AM