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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dean Malik for Congress 2016 44 East Court Street ADDRESS (number and street) (Check if address is changed) Doylestown 18901 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS deanhmalik@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.deanmalik2016.com/ (Check if address is changed) DATE 2016 C00603308 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nathan Granoff Type or Print Name of Treasurer Nathan Granoff [Electronically Filed] 01 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candidate	Dean Malik	
Candidate Party Affilia	tion REP Office Sought: X House Senate President	State PA District 08
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write or Type Committee Name	200000000000000000000000000000000000000	
Dean Malik for C		
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE		
Mailing Address		
Maining Address		
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponso
 Custodian of Records: Identi books and records. 	ify by name, address (phone number optional) and position of the person in posses	sion of committee
Nathan Gra	noff	
Full Name		
Mailing Address	5850 State Park Road	
	<u> </u>	
	Pipersvile PA 18947	
Title or Position	CITY STATE ZIP	CODE
_I Treasurer		
	Telephone number	
3. Treasurer: List the name and	address (phone number optional) of the treasurer of the committee; and the name	and address of
any designated agent (e.g., as	ssistant treasurer).	ana adaroso o
Full Name Nathan Gran	noff	
Mailing Address	5850 State Park Road	
ļ	Pipersvile	
Title or Decition	CITY STATE ZIP	CODE
Title or Position Treasurer	Telephone number	

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Full Name of Designated Rog Agent	ger Mullins	
Mailing Address	181 Old Limekiln Road #B	
	Chalfont PA CITY STATE	ZIP CODE
Title or Position Campaign Manager		
Banks or Other Depo safety deposit boxes of	ositories: List all banks or other depositories in which the committee deposits further maintains funds.	nds, holds accounts, rents
Banks or Other Deposit safety deposit boxes of Name of Bank, Deposit boxes	or maintains funds.	nds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.	nds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.	nds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds. citory, etc. citory Fargo	nds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds. citory, etc. citory Fargo	nds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	ells Fargo 115 West Court Street	
safety deposit boxes of Name of Bank, Depos	Doylestown CITY STATE	18901
safety deposit boxes of Name of Bank, Depos	Doylestown CITY STATE	18901
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Form/Schedule: F1N Transaction ID:

The Treasurer's role is to keep track of campaign contributions and disbursements and ensure that all applicable laws and regulations for campaign finance filings are complied with. The Treasurer is not to engage in soliciting campaign contributions.

Form/Schedule: Transaction ID: