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## FEC FORM 2

## STATEMENT OF CANDIDACY

Cha	e of Candidate (in full)										
	rtrand, Derek, , , ess (number and street)	□Ch	eck if addres	ss changed		2. Candidat	te's FEC Id	lentification	on Nu	ımber	
	15721 Ne 54th Way					H0WA01124					
	State, and ZIP Code		WA	A 9805	2	3. Is This Statem	\ \ \	New (N) C	)R	П	Amended (A)
4. Party Aff		5. Office Sough	nt		6. State & Dis	trict of Candid					
REPUE	BLICAN PARTY	House			WA	01					
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: 7	This designation should be	filed with the app	ropriate offic	ce listed in th	ne instructions.						
(a) Nam	e of Committee (in full)										
CH	HARTRAND FOR	CONGRE	SS								
(b) Addr	ess (number and street)										
РО	BOX 3521										
(c) City,	State, and ZIP Code										
RE	EDMOND				WA	98073					
8. I hereby candidae	authorize the following na	·	-		g Representatival campaign co	·	ceive and e	expend fu	unds c	on beh	alf of my
(a) Nam	Fhis designation should be e of Committee (in full) ess (number and street) State, and ZIP Code	filed with the prir	icipal campa	ign committe	ee.						
(a) Nam	Fhis designation should be e of Committee (in full) ess (number and street) State, and ZIP Code										
(a) Nam (b) Addr (c) City,	Fhis designation should be e of Committee (in full) ess (number and street) State, and ZIP Code						true, correc	ct and cc	omplet	te.	
(a) Nam (b) Addr (c) City,	Fhis designation should be e of Committee (in full) ess (number and street) State, and ZIP Code  I certify that I have excoor Candidate					Date		ct and co	omplet	de.	
(a) Nam (b) Addr (c) City,	Fhis designation should be e of Committee (in full) ess (number and street) State, and ZIP Code  I certify that I have excoor Candidate							ct and co	omplet	te.	
(a) Nam (b) Addr (c) City,  Signature of Chartrand,	Fhis designation should be e of Committee (in full) ess (number and street) State, and ZIP Code  I certify that I have excoor Candidate	amined this State	ement and to	the best of	my knowledge .	Date 04/17/202	24				37g.
(a) Nam (b) Addr (c) City,  Signature of Chartrand,	Fhis designation should be e of Committee (in full)  ess (number and street)  State, and ZIP Code  I certify that I have extended to the continuous of Candidate  Derek, , ,	amined this State	ement and to	the best of	my knowledge .	Date 04/17/202	24				37g.

FEC FORM 2 (REV. 02/2009)