Image# 201607209021703706 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	NANCY WALLACE (b) Address (number and street) 5248 POOKS HILL RD	☐ Check if address changed				2. Candidate's FEC Identification Number H6MD08598					
_	(c) City, State, and ZIP Code	City, State, and ZIP Code				3. Is This	Ne	•W		Amended	
	BETHESDA	MD 20814				Stateme	nt X (N) OR	Ш	(A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist		te				
	GREEN PARTY	House			MD	08					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
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 filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full) FRIENDS OF NANCY WALLACE											
(b) Address (number and street) 5248 POOKS HILL ROAD											
	(c) City, State, and ZIP Code										
	BETHESDA				MD	20814					
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)											
(8) radioss (namber and shoot)											
(c) City, State, and ZIP Code											
	I cortify that I have eva	mined this Sta	tement and to	the hest of	my knowledge a	and haliaf it is t	rue correct	and comple	ata	,	
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 Nancy Wallace					Date						
[Electronically						07/20/2016	5				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											
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FEC FORM 2 (REV. 02/2009)