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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Mallard, Karen, Powers, Mrs.,							
) Address (number and street)					2. Candidate's FEC Identification Number H8VA02103		
	(c) City, State, and ZIP Code					4.4	ew	Amended
	Virginia Beach		VA	2345	3	Statement (N	N) OR	(A)
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	DEMOCRATIC PARTY	House			VA	02		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (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 KAREN MALLARD								
	(b) Address (number and street) P.O. BOX 8036							
	(c) City, State, and ZIP Code							
	VIRGINIA BEACH				VA	23450		
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)								
	(1)							
(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		
M	Iallard, Karen, Powers, ,			[Elec	tronically Filed]	10/12/2017		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)