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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Allen, Kathry, , ,  (b) Address (number and street)						10.00 F14 1 F5011 err er N		
	PO Box 712293	<b>ᡌ</b> Check if address changed				Candidate's FEC Identification Number     H8UT03139			
	(c) City, State, and ZIP Code						ew	Amended	
	Salt Lake City		דט	841	71	Statement (N	l) OR	(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	DEMOCRATIC PARTY	House			UT	03			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	Thereby designate the following named political committee as my Principal Campaign Committee for the 2017 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full)									
Kathryn Allen MD For Congress									
	(b) Address (number and street)								
	PO Box 712293								
	(c) City, State, and ZIP Code								
	Salt Lake City				UT	84171			
_									
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	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) A 11 (1)								
(b) Address (number and street)									
(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Stat	ement and to	the best o	my knowledge a	nd belief it is true, correct	and complete	9.	
Si	gnature of Candidate					Date			
Bi	ingham, Emily, , ,	[Electronically Filed]				09/08/2017			
				[Elici	ironicully 1 licus				
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)