## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1.  | (a) Name of Candidate (in full)   |                    |               |              |                    |   |             |          |         |          |         |
|-----|---|--------------------|---------------|--------------|--------------------|---|-------------|----------|---------|----------|---------|
|     | Mr Ned Dahl Donovan   | 1                  |               |              |                    |   |             |          |         |          |         |
|     | (b) Address (number and street)<br>182 Maybell Avenue   | treet)             |               |              |                    | 2. Candidate's FEC Identification Number<br>P60010824 |             |          |         |          |         |
|     | (c) City, State, and ZIP Code   |                    |               |              |                    | 3. Is Th  |             | New      |         |          | Amended |
|     | Pinedale  |                    | WY 82941      |              |                    | State   | ment X      | (N)      | OR      |          | (A)     |
| 4.  | Party Affiliation   | 5. Office Soug     |               |              | 6. State & Dist    | trict of Cand   | date        |          |         |          |         |
|     | FED   | Presidenti         | al            |              |                    |   |             |          |         |          |         |
|     | DE  | SIGNATIO           | N OF PR       | INCIPAL      |                    |   | ITTEE       |          |         |          |         |
| 7.  | hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) |                    |               |              |                    |   |             |          |         |          |         |
|     | OTE: This designation should be filed with the appropriate office listed in the instructions.                               |                    |               |              |                    |   |             |          |         |          |         |
|     | (a) Name of Committee (in full)   |                    |               |              |                    |   |             |          |         |          |         |
|     | Ned Donovan for a   | Better Am          | erica         |              |                    |   |             |          |         |          |         |
|     | (b) Address (number and street)<br>182 Maybell Avenue   |                    |               |              |                    |   |             |          |         |          |         |
|     | (c) City, State, and ZIP Code   |                    |               |              |                    |   |             |          |         |          |         |
|     | Pinedale  |                    |               |              | WY                 | 8294  | 1           |          |         |          |         |
|     | candidacy.<br>NOTE: This designation should be f<br>(a) Name of Committee (in full)   | iled with the prin | ncipal campa  | aign commi   | tee.               |   |             |          |         |          |         |
|     | (b) Address (number and street)   |                    |               |              |                    |   |             |          |         |          |         |
|     | (c) City, State, and ZIP Code   |                    |               |              |                    |   |             |          |         |          |         |
|     | I certify that I have exa   | mined this State   | ement and to  | o the best o | f my knowledge a   | and belief it i                                       | s true, cor | rect and | d compl | ete.     |         |
| Sig | gnature of Candidate  |                    |               |              |                    | Date  |             |          |         |          |         |
| M   | r Ned Dahl Donovan  |                    |               | [Ele         | ctronically Filed] | 08/20/20  | )15         |          |         |          |         |
|     |   |                    |               |              |                    | na thia Ctata   |             |          |         |          |         |
|     | <b>DTE:</b> Submission of false, erroneous  | , or incomplete i  | nformation n  | nay subject  | the person signir  | ng this State   | ment to p   | enalties | of 2 U. | S.C. §43 | 37g.    |
|     | DTE: Submission of false, erroneous   | , or incomplete i  | Information n | nay subject  | the person signir  |   | ment to p   | enalties | of 2 U. | S.C. §43 | 37g.    |