## FEC FORM 2 STATEMENT OF CANDIDACY

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|---|---|-------------------|--|--|--|--|
| 1. (a) Name of Candidate (in full)  Ehab Atalla  FEC MAIL CENTER  |   |                   |  |  |  |  |
| (b) Address (number and street)<br>277 S. Brookhurst St. St.  | 2. Identification Number                      |                   |  |  |  |  |
| (c) City, State, and ZIP Code<br>Anaheim, California 928  | 3. Is This Statement (N) OR (A)               |                   |  |  |  |  |
| Party Affiliation     Democrat  | 5. Office Sought Congress                     |                   | rict of Candidate<br>a 46th District         |  |  |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                   |  |  |  |  |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  (year of election)            |   |                   |  |  |  |  |
| NOTE: This designation should be  | filed with the appropriate office listed in t | he instructions.  |  |  |  |  |
| (a) Name of Committee (in full)   |   | <u> </u>          |  |  |  |  |
| Ehab Atalla for Congress  |   |                   |  |  |  |  |
| (b) Address (number and street)   |   |                   |  |  |  |  |
| 277 S. Brookhurst   | St. Suite #C-126                              |                   |  |  |  |  |
| (c) City, State, and ZIP Code   |   |                   |  |  |  |  |
| Anaheim, Californ   | nia 92804                                     |                   |  |  |  |  |
| DE  | SIGNATION OF OTHER AU                         | THORIZED          | COMMITTEES                                   |  |  |  |
|   | (Including Joint Fundraising                  | ng Representative | es)  |  |  |  |
| 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 commit      | lee.              |  |  |  |  |
| (a) Narrie of Committee (irr full)  |   |                   |  |  |  |  |
|   |   |                   |  |  |  |  |
| (b) Address (number and street)   |   |                   |  |  |  |  |
| (c) City, State, and ZIP Code   |   |                   |  |  |  |  |
|   |   |                   |  |  |  |  |
| I certify that I have exa   | amined this Statement and to the best of      | my knowledge a    | and belief it is true, correct and complete. |  |  |  |
| Signature of Candidate  |   |                   | Date   |  |  |  |
| Ehal Atalla   |   |                   | 1/26/2014                                    |  |  |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |   |                   |  |  |  |  |
|   |   |                   |  |  |  |  |
|   | <del></del>                                   | <u> </u>          | <del></del>                                  |  |  |  |

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