

FEC FORM 2 STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|---|---------------------------------------|--|
| 1. (a) Name of Candidate (in full) Ellen O. Tauscher | | | 2. Identification Number H6CA10088 | |
| (b) Address (number and street) 2459 Rayburn House Office Building | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State and ZIP Code Washington DC 20515 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate CA 10 | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE:This designation should be filed with the appropriate office listed in the instructions.

| | | |
|--|--|--|
| (a) Name of Committee (in full) Ellen Tauscher for Congress | | |
| (b) Address (number and street) 20 Park Road, Suite E | | |
| (c) City, State and ZIP Code Burlingame CA 94010 | | |

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) | | |
| (c) City, State and ZIP Code | | |

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

| | | |
|----|------|-------------------------------|
| 9A | 0.00 | for the primary election, and |
| 9B | 0.00 | for the general election. |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 Ellen O. Tauscher | Date 11/12/2008 |
|--|---------------------------|

NOTE:Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|