FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	Mahmood, Asif, , Dr.,				0.0	etti - et - a Nivaria
	(b) Address (number and street) PO Box 3570	☐ Check if address changed			Candidate's FEC Identification Number H2CA40092	
	(c) City, State, and ZIP Code				3. Is This Ne	4.4
	Tustin	CA	9278		Statement (N)	OR (A)
4.	Party Affiliation	5. Office Sought			ict of Candidate	
	DEMOCRATIC PARTY	House		CA	40	
	DE	SIGNATION OF PRI	NCIPAL	CAMPAIGN	COMMITTEE	
7.	I hereby designate the following nar	ned political committee as m	y Principal C	Campaign Comm	hittee for the $\frac{2022}{\text{(year of elect)}}$	election(s). ion)
	NOTE: This designation should be f	iled with the appropriate offic	e listed in th	ne instructions.		
	(a) Name of Committee (in full)	•				
	Dr. Asif Mahmood fo	or Congress				
	(b) Address (number and street) PO Box 3570					
	FO BOX 3370					
	(c) City, State, and ZIP Code					
	Tustin			CA	92781	
	DE	SIGNATION OF OTH				
		(including Join	ı Fundiaisini	g Representative	(5)	
8.	I hereby authorize the following name candidacy.	ned committee, which is NOT	my principa	al campaign com	imittee, to receive and exp	end funds on behalf of my
	NOTE: This designation should be f	led with the principal campa	ign committe	ee.		
	(a) Name of Committee (in full)					
	Dr. Asif Mahmood V	ictory Fund				
	(b) Address (number and street)					
	PO Box 3570					
	(c) City, State, and ZIP Code					
	Tustin			CA	92781	
	I certify that I have exa	mined this Statement and to	the best of I	ny knowledge ai	nd belief it is true, correct a	and complete.
Si	gnature of Candidate				Date	·
Mahmood, Asif, , Dr.,						
171	aumood, risij, , Dr.,		[Elect	ronically Filed]	07/21/2022	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
	JIE. Submission of faise, enoneous,	of incomplete information in	ay subject ti	ie person signin	g this Statement to penalti	es of 2 U.S.C. §437g.
	JIE. Submission of false, enoneous,	or incomplete information in	ay Subject ti	le person signin	g tris Statement to penalti	es of 2 U.S.C. §437g.
	OTE. Submission of laise, entineous,	of incomplete information in	ay subject to	le person signin	g this statement to penalti	es of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)						
	CALIFORNIA CANDIDATES VICTORY FUND						
	(b) Address (number and street) 777 S. FIGUEROA ST. SUITE 4050						
	(c) City, State, and ZIP Code						
	LOS ANGELES CA 90017						
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) LOFGREN VICTORY FUND						
	(b) Address (number and street) 1346 THE ALAMEDA #7-380						
	(c) City, State, and ZIP Code						
	SAN JOSE CA 95126						
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						
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of nandidacy. 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						