

2007 AUG -7 AM 10: 22

**FEC FORM 2
STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full) **EDWIN CHAU**

(b) Address (number and street) Check if address changed
506 N. GARFIELD AVENUE SUITE 260

(c) City, State, and ZIP Code
ALHAMBRA, CA. 91801

2. Identification Number

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation **DEMOCRAT**

5. Office Sought **HOUSE**

6. State & District of Candidate **CALIFORNIA DISTRICT 42**

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2008** 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)
ED CHAU FOR CONGRESS

(b) Address (number and street)
555 SOUTH FLOWER STREET, SUITE 4210

(c) City, State, and ZIP Code
LOS ANGELES, CA 90071

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)
N/A

(b) Address (number and street)
N/A

(c) City, State, and ZIP Code
N/A

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 for the primary election, and

9B 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 

Date **8/3/2007**

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

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Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp</i>	Shipping Date <i>8/6/07</i>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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