FEC FORM 2 STATEMENT OF CANDIDACY

| (a) Name of Candidate (in full) | | | | |
|--|---|--------------------------|---|--|
| Edward L. Stanton, III (b) Address (number and street) | | 2. Identification Number | | |
| | | | | |
| (c) City State, and ZIP Code Memphia, TN 38119 | | | 3. Is This New Amended Statement X (N) OR (A) | |
| 4. Party Affiliation Democrat | 5. Office Sought U.S. House of Representatives | 6. State & Distric | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the | | | | |
| NOTE: This designation should be filled with the appropriate office histed in the instructions. | | | | |
| (a) Name of Committee (in full) | | | | |
| Ed Stanton For Congress | | | | |
| (b) Address (number and street) | | | | |
| P.O. Box 172026 | | | | |
| (c) City, State, and ZIP Code | | | | |
| Memphis, Tennessee 38187 | | | | |
| 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 the behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. | | | | |
| (a) Name of Committee (in full) | | | | |
| Friends of Ed Stanton | | | | |
| (b) Address (number and street) | | | | |
| P.O. Box 172026 | | | | |
| (c) City, State, and ZIP Code | | | | |
| Memphis, TN 38187 | | | | |
| DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only) 9. Unitend to expend personal funds exceeding the threshold amount (see 11 C.F. R. 400.8) by | | | | |
| 9A 0 0 for the primary election, and | | | | |
| 9B for the general electron. | | | | |
| if you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for eac. h | | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | |
| Signeture of Carolidate Auto- Line Complete Auto- Auto | | | Date 11/17/2005 | |
| NOTE: Submission of false, engineous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | |
| | | | | |
| FE JANDOU POF | <u> </u> | | | |
| - M 45-11-54-5-5-1 - WT | | | FEC FORM 2 (REV. 02/200 | |

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| ful PREPARER | 11/18/05 DATE PREPARED |
| | |

(3/2005)