FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
   Shalala, Donna, , ,

(b) Address (number and street) 
   PO Box 330602

(c) City, State, and ZIP Code
   Miami, FL, 33233

2. Candidate’s FEC Identification Number
   H8FL27193

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

4. Party Affiliation
   DEMOCRATIC PARTY

5. Office Sought
   House

6. State & District of Candidate
   FL, 27

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).

   (a) Name of Committee (in full)
   Donna Shalala for Congress

   (b) Address (number and street)
   PO Box 330602

   (c) City, State, and ZIP Code
   Miami, FL, 33233

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.

   (a) Name of Committee (in full)

   (b) Address (number and street)

   (c) City, State, and ZIP Code

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
Shalala, Donna, , ,

Date
03/05/2018

[Electronically Filed]

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