

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Darwish, Hisham, , ,		
(b) Address (number and street) 1092 Apalachee Trl Dacula		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Dacula		GA 30019
4. Party Affiliation Dem	5. Office Sought Senate	6. State & District of Candidate GA 00
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2032 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) Hisham Darwish		
(b) Address (number and street) 1092 Apalachee Trl Dacula		
(c) City, State, and ZIP Code Dacula GA 30019		

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) Hisham Darwish		
(b) Address (number and street) 1092 Apalachee Trl Dacula 1092		
(c) City, State, and ZIP Code Dacula ga GA 30019		

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 <i>Darwish, Hisham, , ,</i>	Date <u>10/07/2025</u>
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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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(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

Hisham Darwish

(b) Address (number and street)

1092 Apalachee Trl Dacula
1092

(c) City, State, and ZIP Code

Dacula ga

GA

30019

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

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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