### EILEEN DONOGHUE FOR CONGRESS COMMITTEE P.O. BOX 7144 LOWELL, MASSACHUSETTS 01852

#### FAX TRANSMITTAL COVERSHEET

Date: 3/27/7 Time: 6:50 A.M.

P.M.

TO: Federal Election Commission

FAX NUMBER:

202-219-0174

FROM: Eileen Donoghue

NUMBER OF PAGES TO FOLLOW: 2

Re: Statement of Candidacy

## CONFIDENTIALITY OF DOCUMENTS

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# FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidata (in fut)  Eileen Donoghue			
(b) Address (number and street) Q Check it address changed		2. Identification Number	
257 Andover Street	<del></del>		<u> </u>
(c) City, State, and ZIP Code		3. Is This and New Amends Statement (N) OR A. (A)	ed
Lowell MA 01852  4. Party Affiliation 5, Office Sought	6. State & Dish	nd of Candidate	
DEM US House		5	°
DESIGNATION C  7 I hereby designate the following named political commit	OF PRINCIPAL CAMPAIGN tee as my Principal Campaign Comm	2007	
NOTE: This designation should be filed with the approp	office listed in the instructions.		
(a) Name of Committee (in full)			
Eileen Donoghue For Congres	ss Committee		
(b) Address (number and street)			
257 Andover Street			
(c) City, State, and ZIP Code			
Lowell, MA 01852			
DESIGNATION (	OF OTHER AUTHORIZED	COMMITTEES	_
	iding Joint Fundraising Representativ		
<ol><li>I hereby authorize the following named committee, while condidacy.</li></ol>	ch is NOT my principal campaign cor	ranifiee, to receive and expend funds on behalf of m	y
NOTE: This designation should be filed with the princip	al cempaigh committee.		
	val cempaign committee.		
NOTE: This designation should be filed with the princip  (a) Name of Committee (in full)	kal cempaigh committee.		<u> </u> -
	al cempaign committee.		v
(a) Name of Committee (in full)	kal cempaign committee.		&
(a) Name of Committee (in full)  (b) Address (number and etreet)	al cempaign committee.		v
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZiP Code		MOS (Hause or Sanate Orde)	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO	EXPEND PERSONAL FU		—- —-
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO  9. Unitend to expend personal funds exceeding the threet	EXPEND PERSONAL FU		
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO  9. Unitend to expend personal funds exceeding the threet	EXPEND PERSONAL FUnded amount (see 11 C.F.R. 400.9) by	for the primary election, and	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZiP Code  DECLARATION OF INTENT TO  9. (Intend to expend personal funds exceeding the threet  9A	EXPEND PERSONAL FUnded amount (see 11 C.F.R. 400.9) by 0 00	for the primary election, and for the general election.	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO  9. I Intend to expend personal funds exceeding the threat  9A  11 you do not intend to expend personal funds exceeding	EXPEND PERSONAL FUnoid amount (see 11 C.F.R. 400.9) by  0 00  0 00  ng the threshold amount for either ele	for the primary election, and for the general election. ction, you must enter "0.00" for each,	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZiP Code  DECLARATION OF INTENT TO  9. Untend to expend personal funds exceeding the threel  9A	EXPEND PERSONAL FUnoid amount (see 11 C.F.R. 400.9) by  0 00  0 00  ng the threshold amount for either ele	for the primary election, and for the general election. ction, you must enter "0.00" for each,	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO  9. Unitend to expend personal funds exceeding the threat  9A  If you do not intend to expend personal funds exceeding  I certify that I have examined this Statement  Signature of Candidate	EXPEND PERSONAL FUnoid amount (see 11 C.F.R. 400.9) by  0 00  0 00  ong the threshold amount for either ele	for the primary election, and for the general election.  ction, you must enter "0.00" for each,  and bellef it is true, correct and complete.	- B
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO  9. Unitend to expend personal funds exceeding the threat  9A  11 you do not intend to expend personal funds exceeding  I certify that I have examined this Statement  Signature of Candidate	EXPEND PERSONAL FUnoid amount (see 11 C.F.R. 400.9) by  0 00  0 00  ong the threshold amount for either ele	for the primary election, and for the general election.  ction, you must enter "0.00" for each,  and bellef it is true, correct and complete.	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZiP Code  DECLARATION OF INTENT TO  9. Untend to expend personal funds exceeding the threel  9A  9B  If you do not intend to expend personal funds exceeding  I certify that I have examined this Stateme  Signature of Candidate  Color A Down y	EXPEND PERSONAL FUnoid amount (see 11 C.F.R. 400.9) by  0 00  0 00  ing the threshold amount for either ele	for the primary election, and for the general election.  ction, you must enter "0.00" for each, and belief it is true, correct and complete.  Date  March 26, 2007	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO  9. Unitend to expend personal funds exceeding the threat  9A  11 you do not intend to expend personal funds exceeding  I certify that I have examined this Statement  Signature of Candidate	EXPEND PERSONAL FUnoid amount (see 11 C.F.R. 400.9) by  0 00  0 00  ing the threshold amount for either ele	for the primary election, and for the general election.  ction, you must enter "0.00" for each, and belief it is true, correct and complete.  Date  March 26, 2007	
(a) Name of Committee (in full)  (b) Address (number and etreet)  (c) City, State, and ZiP Code  DECLARATION OF INTENT TO  9. Unitend to expend personal funds exceeding the threel  SA  98  If you do not intend to expend personal funds exceeding  I certify that I have examined this Stateme  Signature of Candidate  C	EXPEND PERSONAL FUnoid amount (see 11 C.F.R. 400.9) by  0 00  0 00  ing the threshold amount for either ele	for the primary election, and for the general election.  ction, you must enter "0.00" for each, and belief it is true, correct and complete.  Date  March 26, 2007	

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