FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of											
	Candidate (in full)									
LOIS G CAF							10.11.10				
(b) Address (number and street) 1724 SANTA BARBARA STREET							2. Identification Number				
(c) City, Sta							H8CA220	□ Now			Amended
SANTA BAF		0000	(CA 93101			Statemer		OR		(A)
4. Party Affiliati	on	5	. Office Sou	ght		6. State & Dis	strict of Candid	date			
Dem			House			CA 23	3				
		DES	SIGNATIO	N OF PRI	NCIPAL C	AMPAIGN	COMMITTE	EE			
7. I hereby desig		_					(2008 (year of election	electi	on(s).	
NOTE:This	designation	n should be fi	led with the	appropriate of	fice listed in	the instruction	IS.				
(a) Name of	f Committee	(in full)									
Friends	of Lois Cap	ps									
(b) Address	(number ar	nd street)									
РО Вох	23940										
(c) City, Sta	ate and ZIP	Code									
Santa B	arbara		(CA 93121							
		DES	SIGNATIO	N OF OTH	IER AUTH	ORIZED C	ОММІТТЕ	ES			
				(Including Joi	nt Fundraisi	na Representa	ntives)				
						3 -1	u. 1 00)				
candidacy.		-				mpaign commit	tee, to receive a	and expend fun	ds on be	half of	my
candidacy.	designation	n should be fi		hich is NOT m		mpaign commit		and expend fun	ds on be	half of	my
candidacy. NOTE:This (a) Name of	designation	n should be fi				mpaign commit		and expend fun	ds on be	half of	my
candidacy.	designation	n should be fi				mpaign commit		and expend fun	ds on be	half of	my
candidacy. NOTE:This (a) Name of	designation Committee number a	n should be fi				mpaign commit		and expend fun	ds on be	half of	my
candidacy. NOTE:This (a) Name of (b) Address	designation Committee number a	n should be fi				mpaign commit		and expend fun	ds on be	half of	my
candidacy. NOTE:This (a) Name of (b) Address (c) City, Sta	designation f Committee f (number and the and ZIP)	n should be fi	led with the	orincipal camp	oaign commi	mpaign commit	tee, to receive a			half of	my
candidacy. NOTE:This (a) Name of (b) Address (c) City, Sta	designation f Committee f (number and the and ZIP)	n should be find the (in full) Ind street) Code	led with the	principal camp	person	mpaign commit ttee.				half of	my
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candidacy. NOTE:This (a) Name of (b) Address (c) City, Sta	designation f Committee f (number and the and ZIP) CLARAT	n should be find the control of the	ITENT TO ding the three 9A 9B	orincipal camp DEXPEND shold amount (s	PERSON See 11 C.F.R	IAL FUNDS 400.9) by 0.00 0.00	S (House o	r Senate Conary election, a	Only)	half of	my
candidacy. NOTE:This (a) Name of (b) Address (c) City, Sta	designation f Committee s (number at the and ZIP of CLARAT pend personal	n should be find the control of the	ITENT TO ding the three 9A 9B ds exceeding	DEXPEND shold amount (s	PERSON see 11 C.F.R	IAL FUNDS 400.9) by 0.00 0.00 ther election, yo	S (House o	r Senate Conary election, a eral election.	Only)		
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candidacy. NOTE:This (a) Name of (b) Address (c) City, Sta DE(9. I intend to exp If you do not inte Signature of C LOIS G CAPPS	designation f Committee f (number and tete and ZIP) CLARAT bend personal and to expend I certify tha Candidate S	n should be find the control of the	ITENT TO ding the three 9A 9B ds exceeding nined this St	DEXPEND Shold amount (statement and t	PERSON see 11 C.F.R amount for eit	IAL FUNDS 400.9) by 0.00 0.00 cher election, yo	for the prime for the general must enter "0 e and belief it i Date	er Senate Conary election, a eral election. 0.00" for each. s true, correct 07/23/200	Only) and t, and c	omple	ete.

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