

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) LOIS G CAPPS			2. Identification Number H8CA22089		
(b) Address (number and street) 1724 SANTA BARBARA STREET			<input type="checkbox"/> Check if address changed		
(c) City, State and ZIP Code SANTA BARBARA CA 93101			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House		6. State & District of Candidate CA 23	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) Friends of Lois Capps		
(b) Address (number and street) PO Box 23940		
(c) City, State and ZIP Code Santa Barbara CA 93121		

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)		
(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 LOIS G CAPPS	Date 11/13/2009
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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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