Image# 29932134620 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)												
Zoe Lofgren				<u> </u>	—							
(b) Address (number and street)	Check if address changed					2. Identification Number						
P.O. Box 8180 (c) City, State and ZIP Code					3	H4CA				Amandad		
San Jose	CA		95155		ľ	Stater		X New (N)	OR	(A)		
4. Party Affiliation	5. Office Sough	t	00100	6. State & Dis	stric	t of Ca	ndidate	()		()		
DEMOCRATIC PARTY	House			CA 16	6							
DE	SIGNATION	of Princ	CIPAL C	AMPAIGN	со	MMIT	TEE					
7. I hereby designate the following name	d political committe	ee as my Princ	cipal Campa	aign Committee	e for	the	(уеа	2010 ar of electio		ion(s).		
NOTE: This designation should be	filed with the app	propriate offic	ce listed in	the instruction	IS.							
(a) Name of Committee (in full)												
Lofgren for Congress												
(b) Address (number and street)												
P.O. Box 8180												
(c) City, State and ZIP Code												
San Jose	CA		95	5155								
DE	SIGNATION (In			IORIZED C			TEES	;				
 I hereby authorize the following named candidacy. NOTE: This designation should be 			·		tee,	to receiv	ve and	expend fur	nds on be	half of my		
(a) Name of Committee (in full)		· · ·										
(b) Address (number and street)												
(c) City, State and ZIP Code												
(-),												
						_						
9. I intend to expend personal funds exce					5 (F	louse	e or S	Senate C	Only)			
	9A	9A 0.00					for the primary election, and					
9B 0.00						for the general election.						
If you do not intend to expend personal fu		e threshold an	nount for eit			-						
I certify that I have exi	-			-					ot and c	complete		
Signature of Candidate				TTY KIOWIEUge	_	ate	i i i i o ti		σι, απο (iompiole.		
Zoe Lofgren						02/02/2009						
NOTE: Submission of false, erroneou	us or incomplete i	nformation m	nay subject	the person sig	gnin	ig this S	Statem	ent to pen	alties of	2 U.S.C.§437g.		
				<u> </u>					l 			