

Image# 202011049336749653

# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |                           |  |   |  |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full)<br>Lofgren, Zoe, , ,                                       |                           |  | 2. Candidate's FEC Identification Number<br>H4CA16049 |  |
| (b) Address (number and street)<br>c/o Contribution Solutions, LLC<br>1346 The Alameda #7-380 |                           | <input type="checkbox"/> Check if address changed  |   |  |
| (c) City, State, and ZIP Code<br>San Jose CA 95126  |                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |   |  |
| 4. Party Affiliation<br>DEMOCRATIC PARTY  | 5. Office Sought<br>House | 6. State & District of Candidate<br>CA 19  |   |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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)<br>Lofgren for Congress                                       |  |  |
| (b) Address (number and street)<br>c/o Contribution Solutions, LLC<br>1346 The Alameda #7-380 |  |  |
| (c) City, State, and ZIP Code<br>San Jose CA 95126  |  |  |

### 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)<br>Lofgren Victory Fund                                       |  |  |
| (b) Address (number and street)<br>c/o Contribution Solutions, LLC<br>1346 The Alameda #7-380 |  |  |
| (c) City, State, and ZIP Code<br>San Jose CA 95126  |  |  |

*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<br>Lofgren, Zoe, , ,<br><br><i>[Electronically Filed]</i> | Date<br>11/04/2020 |
|--|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

Zoe 2020

(b) Address (number and street)  
c/o Contribution Solutions, LLC  
1346 The Alameda #7-380

(c) City, State, and ZIP Code

San Jose

CA

95126

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(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