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## FEC FORM 2

## STATEMENT OF CANDIDACY

(a) Name of Candidate (in full)							
Lofgren, Zoe, , ,							
(b) Address (number and street) c/o Contribution Solutions, LLC 1346 The Alameda #7-380	☐ Check if address changed		Candidate's FEC Identification Number     H4CA16049				
(c) City, State, and ZIP Code				3. Is This N	ew Amended		
San Jose	(	CA 9512	6	Statement (N	N) OR × (A)		
4. Party Affiliation	5. Office Sought		6. State & Dist	rict of Candidate			
DEMOCRATIC PARTY	House		CA	18			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7. I hereby designate the following name	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
NOTE: This designation should be f	led with the appropriate of	fice listed in t	he instructions.				
(a) Name of Committee (in full)							
Lofgren for Congres	S						
(b) Address (number and street)							
c/o Contribution Solutions, LL	С						
(c) City, State, and ZIP Code							
			CA	95126			
San Jose			CA	93120			
I hereby authorize the following name candidacy.  NOTE: This designation should be fi			, -	nmittee, to receive and ex	xpend funds on behalf of my		
(a) Name of Committee (in full)							
Lofgren Victory Fun	d						
(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			
I certify that I have exa	mined this Statement and	to the best of	my knowledge a	and belief it is true, correct	t and complete.		
Signature of Candidate				Date			
Lofgren, Zoe, , ,			01/29/2024				
NOTE: Submission of false, erroneous,	or incomplete information	may subject	the person signir	ng this Statement to penal	Ities of 2 U.S.C. §437g.		
		1					

FEC FORM 2 (REV. 02/2009)

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F2A Transaction ID:

Update to Joint Fundraising Representative's name.

Form/Schedule: Transaction ID:

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	$^3$ of $^3$	
Page	01	

**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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)  Zoe 2024						
	(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						
8.	. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. <b>NOTE</b> : 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						
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						
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. <b>NOTE</b> : 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						