

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Zoe Lofgren

(b) Address (number and street)

50 W. San Fernando St., #350

(c) City, State and ZIP Code

San Jose

CA 95113

2. Identification Number

H4CA16049

3. Is This Statement New (N) Amended (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

CA 16

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the

2006 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)

Lofgren for Congress

(b) Address (number and street)

50 W. San Fernando St., #350

(c) City, State and ZIP Code

San Jose

CA 95113

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

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.6) by

9A .00 for the primary election, and

9B .00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Zoe Lofgren

Date

06/28/2005

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

Form/Schedule: F2N

Additional information on disbursement purposes.

Transaction ID:
