

# FEC FORM 2

## STATEMENT OF CANDIDACY

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

Joe Baca

(b) Address (number and street)

201 North E Street, Suite 102

(c) City, State and ZIP Code

San Bernardino

CA 92401

2. Identification Number

H6CA42099

3. Is This

Statement

New

(N)

OR

Amended

(A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State &amp; District of Candidate

CA 43

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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

2004

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 Joe Baca

(b) Address (number and street)

555 Capitol Mall, Suite 1425

(c) City, State and ZIP Code

Sacramento

CA 95814

### 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

0.00

for the primary election, and

9B

0.00

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

Joe Baca

Date

09/10/2003

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