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2006 FEB 15 A 8:03

# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                   |                                     |                                                                                                          |
|-------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>Christine Raye Young</b> |                                     | 2. Identification Number                                                                                 |
| (b) Address (number and street)<br><b>PO Box 4715</b>             |                                     | <input checked="" type="checkbox"/> Check if address changed                                             |
| (c) City, State, and ZIP Code<br><b>Oceanside CA 92052</b>        |                                     | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>Democrat</b>                           | 5. Office Sought<br><b>Congress</b> | 6. State & District of Candidate<br><b>California 50th District</b>                                      |

### 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)<br><b>Friends of Chris Young</b> |
| (b) Address (number and street)<br><b>P.O. Box 4715</b>          |
| (c) City, State, and ZIP Code<br><b>Oceanside, CA 92052</b>      |

### 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><b>N/A</b> |
| (b) Address (number and street)<br><b>N/A</b> |
| (c) City, State, and ZIP Code<br><b>N/A</b>   |

### 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. 400.9) by

|    |                                 |                               |
|----|---------------------------------|-------------------------------|
| 9A | <input type="text" value="00"/> | for the primary election, and |
| 9B | <input type="text" value="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<br><b>Christine R. Young</b> | Date<br><b>2-3-06</b> |
|-----------------------------------------------------|-----------------------|

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

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt               |
| <input checked="" type="checkbox"/> USPS First Class Mail                                       | Postmarked<br>2/8/06          |
| <input type="checkbox"/> USPS Registered/Certified                                              | Postmarked (R/C)              |
| <input type="checkbox"/> USPS Priority Mail                                                     | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>                |                               |
| <input type="checkbox"/> USPS Express Mail                                                      | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                                     |                               |
| <input type="checkbox"/> No Postmark                                                            |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                                             |                               |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):                                                       | Date of Receipt or Postmarked |
| <br>PREPARER | 2/15/06<br>DATE PREPARED      |

(3/2005)