NO COMPANS OF THE

FE3AN039

FEC FORM 2 STATEMENT OF CANDIDACY

	RECEIVED
	FEC MAIL
ODED	ATTOUS CENTER

(a) Name of Candidate (in full)					
JOE HON	NEYCHURCH	 		2006 DEC 28	A 8: 37
(b) Actores (humber and street) Check if address changed			2. Identification N	vumber	
(c) City, State, and ZiP Code AVE # 40 B	-5401 LENNOX #	40 B	3. Is This	New	Amended
BAKERSFIELD CA 93309 4. Party Affiliation 5. Office Sou	ight	6. State & Distric	Statement of Candidate	(N) OR	(A)
•	IDENT			ZEDNL	
	ON OF PRINCIPAL (
 I hereby designate the following named political of NOTE: This designation should be filed with the a 	•	. •		of election)	on(s).
(a) Name of Committee (in full)		· · · · · · · · · · · · · · · · · · ·		 .	
TOTAL WOL	VENOUIDAN BOD	DDDCIDEN	m		
JOE HONEYC JOE HOR	NEYCHURCH FOR	PRESIDEN	1		
(b) Address (number and street)					
4450 CALIFORNIA AVE #	# E				
(c) City, State, and ZIP Code	и ш		1		
DAVED CETTE C3 03366					•
BAKERSFIELD CA 93309					
DESIGNATION	ON OF OTHER AUT	HORIZED (COMMITTEE	S	
	(Including Joint Fundraising			-	
 i hereby authorize the following named committee candidacy. 	e, which is NOT my principal	i campaign comr	mittee, to receive	and expend funds	on behalf of my
NOTE. This designation should be filed with the w		_			
NOTE: This designation should be filed with the p	orincipal campaign committe	е.			
(a) Name of Committee (in full)					- I-
ਸਾਸ਼	IENDS OF JOE H	ONEYCHUR	СН		
(b) Address (number and street)					
(c) City, State, and ZIP Code	VE # E4450 CA	LIFORNIA	AVE # E		
(c) City, State, and 21P Code	* D				
BAKERS BAKERSFIELD	C7 02200 4				
<u>PAKERS BAKERSETELD</u> DECLARATION OF INTENT		SONAL FUN	NDS (House	or Senate O	nly)
9. I intend to expend personal funds exceeding the f	·		1DO (11003C	or ochate o	··· y)
· · ·			for the selection.		
9A			for the primary	election, and	
9B			for the general	election	
3D (ioi ine generar	election.	
If you do not intend to expend personal funds exc	ceeding the threshold amour	nt for either elect	ion, you must ent	er "0.00" for each.	
I certify that I have examined this St	tatement and to the best of n	ny knowledge ar	nd belief it is true,	correct and comp	lete.
Signature of Candidate			Date		. ^
toe Honey	tchur	H	12	-20-	200
NOTE: Submission of false, erroneous, or incomplet	te information may subject th	ne person signine	g this Statement t	to penalties of 2 U.	S.C. §437g.
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Date of F Other (Specify):	Receipt or Postmarked
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PREPARER (3/2005)	DATE PREPARED
V	•