

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Debra Bowen			2. Identification Number H2CA36256	
(b) Address (number and street) 555 Capitol Mall, Suite 1425		<input type="checkbox"/> Check if address changed		
(c) City, State and ZIP Code Sacramento CA 95814		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CA 36		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2011 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) Debra Bowen for Congress		
(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		

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 Debra Bowen	Date 05/03/2011
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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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