

**FEC FORM 2
STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full) BOB FILNER		
(b) Address (number and street) PO BOX 121480		<input type="checkbox"/> Check if address changed
(c) City, State and ZIP Code CHULA VISTA CA 91912		2. Identification Number H2CA50034
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate CA 51		
3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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) BOB FILNER FOR CONGRESS		
(b) Address (number and street) PO Box 121480		
(c) City, State and ZIP Code Chula Vista CA 91912		

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 BOB FILNER	Date 09/30/2010
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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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