

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Richard M. Nolan		
(b) Address (number and street) 31516 Old Bridge Road		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Crosby MN 56441		2. Candidate's FEC Identification Number H2MN08111
4. Party Affiliation DEMOCRATIC-FARM-LABOR		5. Office Sought House
		6. State & District of Candidate MN 08
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" 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 2016 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) Nolan for Congress Volunteer Committee		
(b) Address (number and street) PO Box 1041		
(c) City, State, and ZIP Code Brainerd MN 56401		

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) Rick Nolan Victory Fund		
(b) Address (number and street) PO Box 1041		
(c) City, State, and ZIP Code Brainerd MN 56401		

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 Richard M. Nolan	Date 03/16/2016
<i>[Electronically Filed]</i>	

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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