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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) COLLIS, NOEL, , ,			2. Candidate's FEC Identification Number HOMN07109	
(b) Address (number and street) 136 GOLF VIEW DRIVE		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ALBANY MN 56307		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MN 07		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) DR. NOEL COLLIS FOR CONGRESS		
(b) Address (number and street) 136 GOLF VIEW DRIVE PO BOX 358		
(c) City, State, and ZIP Code ALBANY MN 56307		

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 COLLIS, NOEL, , DR., [Electronically Filed]	Date 09/09/2019
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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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