## FEC FORM 2 STATEMENT OF CANDIDACY

07/01/2017 14 : 13

| S  | TATEMENT OF CANE  | DACY                     |               |                |                                   |   |              |                 |         |            |
|----|---|--------------------------|---------------|----------------|-----------------------------------|---|--------------|-----------------|---------|------------|
| 1. | (a) Name of Candidate (in full)   |                          |               |                |                                   |   |              |                 |         |            |
|    | Feehan, Daniel, , ,<br>(b) Address (number and street)<br>1766 Leona Dr   | Check if address changed |               |                |                                   | 2. Candidate's FEC Identification Number<br>H8MN01279 |              |                 |         |            |
|    | (c) City, State, and ZIP Code   | 2 Code                   |               |                |                                   | 3. Is This New Amended                                |              |                 |         |            |
|    | North Mankato   | MN 56003                 |               |                |                                   | Staten  |              | (N) OR          |         | (A)        |
| 4. | Party Affiliation   | 5. Office Soug           | ht            |                | 6. State & Dis                    | trict of Candie                                       | date         |                 | _       |            |
|    | DEMOCRATIC-FARM-LABOR   | House                    |               |                | MN                                | 01  |              |                 |         |            |
|    | D   | ESIGNATIO                | N OF PR       | INCIPAL        | CAMPAIG                           |   | ITTEE        |                 |         |            |
| 7. | hereby designate the following named political committee as my Principal Campaign Committee for the <u>2018</u> election(s). (year of election) |                          |               |                |                                   |   |              |                 |         |            |
|    | <b>IOTE:</b> This designation should be filed with the appropriate office listed in the instructions.   |                          |               |                |                                   |   |              |                 |         |            |
|    | a) Name of Committee (in full)  |                          |               |                |                                   |   |              |                 |         |            |
|    | Friends of Dan Fee  | han                      |               |                |                                   |   |              |                 |         |            |
|    | (b) Address (number and street)<br>PO Box 1844  |                          |               |                |                                   |   |              |                 |         |            |
|    | (c) City, State, and ZIP Code   |                          |               |                |                                   |   |              |                 |         |            |
|    | North Mankato   |                          |               |                | MN                                | 56002   | 2            |                 |         |            |
| 8. | I hereby authorize the following na candidacy.  |                          | -             |                | g Representativ<br>Il campaign co |   | eceive and e | expend funds    | on be   | half of my |
|    | <b>OTE:</b> 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 ex  | amined this Stat         | ement and to  | the best of r  | ny knowledge.                     | and helief it is                                      | strue correc | ct and comple   | ete     |            |
| 6  | gnature of Candidate  |                          |               |                | ,                                 | Date  |              |                 |         |            |
|    | rehan, Daniel, , ,  |                          |               | 07/01/2017     |                                   |   |              |                 |         |            |
| N  | <b>DTE:</b> Submission of false, erroneou   | s, or incomplete         | information n | nay subject th | ne person signi                   | ng this Stater  | ment to pena | alties of 2 U.S | 6.C. §4 | 137g.      |
|    |   |                          |               |                |                                   |   |              |                 |         |            |
|    |   |                          |               |                |                                   |   |              |                 |         |            |

FEC FORM 2 (REV. 02/2009)