

Image# 29931967865

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Hon. James L. Oberstar

(b) Address (number and street)

317 9th Street NW

(c) City, State and ZIP Code

Chisholm

MN

55719

Check if address changed

2. Identification Number

H6MN08047

3. Is This Statement

New (N)

OR

Amended (A)

4. Party Affiliation

DEMOCRATIC-FARM-LABOR

5. Office Sought

House

6. State & District of Candidate

MN 08

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)

Friends of Jim Oberstar

(b) Address (number and street)

1017 8th Street NE

(c) City, State and ZIP Code

Washington

DC

20002

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

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A

for the primary election, and

9B

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

James L. Oberstar

Date

01/23/2009

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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