

FEC FORM 2

STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

14 OCT -3 AM 10:55

1. (a) Name of Candidate (in full) MICHAEL MCFADDEN			2. Candidate's FEC Identification Number S4MN00346		
(b) Address (number and street) 25 SUNNYSIDE LANE		<input type="checkbox"/> Check if address changed			
(c) City, State, and ZIP Code SUNFISH LANE		MN 55118	3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate		6. State & District of Candidate MN 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) McFadden for Senate		
(b) Address (number and street) PO Box 4039		
(c) City, State, and ZIP Code St. Paul MN 55104		

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) McFadden Minnesota Victory Committee		
(b) Address (number and street) 2470 Daniells Bridge Rd Ste 121		
(c) City, State, and ZIP Code Athens GA 30606		

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 MICHAEL MCFADDEN 	Date 09/30/2014
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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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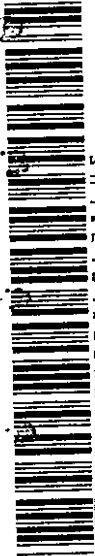
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Date Accepted (MMDDYY) 09/30/14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 10:30 AM Delivery Fee	Insurance Fee \$ 19.99	Employee Initials MLD
Time Accepted 1356	Sunday/Holiday Premium Fee \$	Return Receipt Fee \$	Employee Signature [Signature]
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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
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United States Senate

OFFICE OF THE SECRETARY

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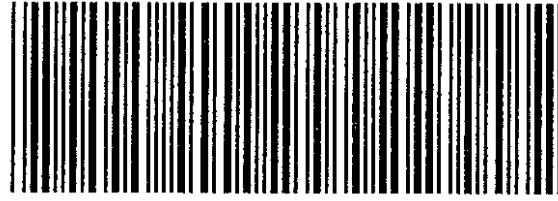
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