

Image# 29992403025

FEC FORM 2

STATEMENT OF CANDIDACY

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

maureen Kennedy Reed

(b) Address (number and street)

PO Box 548

(c) City, State and ZIP Code

Stillwater

MN

55082

 Check if address changed

2. Identification Number

HOMN06119

3. Is This Statement New (N) **OR** Amended (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

MN 06

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)

maureen reed for congress

(b) Address (number and street)

PO Box 548

(c) City, State and ZIP Code

Stillwater

MN

55082

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

Maureen Kennedy Reed

Date

07/06/2009

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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