

**FEC FORM 2****STATEMENT OF CANDIDACY**

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

maureen Kennedy Reed

(b) Address (number and street)  
PO Box 548 Check if address changed

2. Identification Number

H0MN06119

(c) City, State and ZIP Code  
Stillwater MN 550823. Is This Statement  New (N)  Amended (A) OR4. Party Affiliation  
DEMOCRATIC PARTY5. Office Sought  
House6. 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  
(year of election) election(s).**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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