EC FORM 2 TATEMENT OF CANDIDACY	FEC MAIL CENTER 2020 JAN 3 PH 2: 10
(a) Name of Candidate (in full) Brett Allyn Rose	
(b) Address (number and street) I TLO 9 LEX, ration Ave N. Swite # 41Le	2. FEC Candidate Identification Number
(c) City, State, and ZIP Code RISEVILLE, NN 55113	3. Is This New Amende Statement X (N) OR (A)
Party Affiliation 5. Office Sought 6. State 8	District of Candidate
DESIGNATION OF PRINCIPAL CAMPA	
I hereby designate the following named political committee as my Principal Campaign (Committee for the <u>2020</u> election(s).
NOTE: This designation should be filed with the appropriate office listed in the instruction	(year of election)
(a) Name of Committee (in full)	
(b) Address (number and street)	
1769 Lexington Ave N. Swite #414	a
(c) City, State, and ZIP Code	ν
Rose ville, MN 55113	
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represent	ntatives)
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represer . I hereby authorize the following named committee, which is NOT my principal campaig candidacy.	ntatives)
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represent andidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	ntatives)
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represed . I hereby authorize the following named committee, which is NOT my principal campaig candidacy. NOTE: This designation should be filed with the principal campaign committee.	ntatives)
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represent I hereby authorize the following named committee, which is NOT my principal campaig candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	ntatives)
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represent I hereby authorize the following named committee, which is NOT my principal campaig candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)	ntatives)
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represent I hereby authorize the following named committee, which is NOT my principal campaig 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	ntatives) In committee, to receive and expend funds on behalf of my ge and belief it is true, correct and complete.
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represended and idacy. 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	ntatives) In committee, to receive and expend funds on behalf of my dge and belief it is true, correct and complete.
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represent I hereby authorize the following named committee, which is NOT my principal campaig 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	ntatives) In committee, to receive and expend funds on behalf of my ge and belief it is true, correct and complete.
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represent I hereby authorize the following named committee, which is NOT my principal campaig 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	ntatives) In committee, to receive and expend funds on behalf of my dge and belief it is true, correct and complete.
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represended) I hereby authorize the following named committee, which is NOT my principal campaig 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 knowled	ntatives) In committee, to receive and expend funds on behalf of my dge and belief it is true, correct and complete.
DESIGNATION OF OTHER AUTHORIZ (Including Joint Fundraising Represended) I hereby authorize the following named committee, which is NOT my principal campaig 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 knowled	ntatives) In committee, to receive and expend funds on behalf of my dge and belief it is true, correct and complete.

I

-

·

,

NONO - OH - HO - OM - OOMODODO

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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

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

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behall 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)

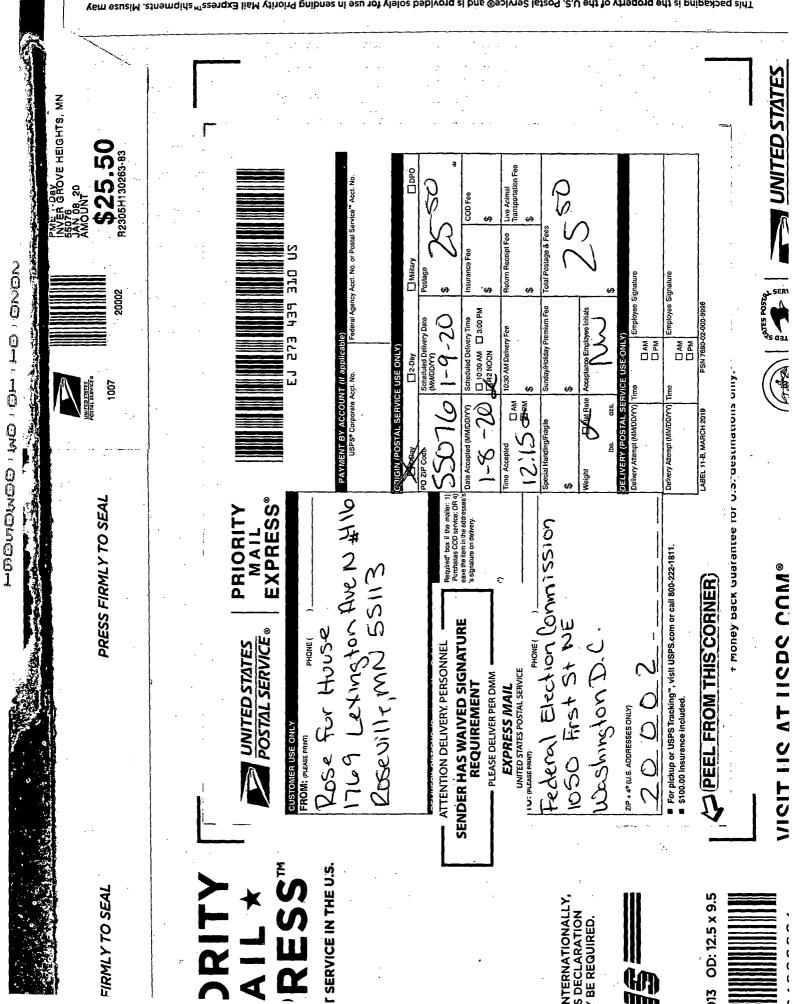
(c) City, State, and ZIP Code

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



be a violation of federal law. This packaging is not for resale. EPI3F © U.S. Postal Service; July 2013; All rights reserved. Yem esusim streaming in Expression of the U.S. Postal Service® and is provided solely for use in sending Priority Mail Expression S.U entry of the property may be appressive and the provided sole of the provide

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received

-	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
	1-08-20
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of R Other (Specify):	eceipt or Postmarked
nf	1-10-20
PREPARER	DATE PREPARED
(3/2015)	