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FEC FORM 2

STATEMENT OF CANDIDACY

	(a) Name of Candidate (in full)									
	Wright, Richard, Thomas, ,									
	(b) Address (number and street) 5125 Mayo River LN SW	☐ Check if address changed				Candidate's FEC Identification Number H8MN01303				
	(c) City, State, and ZIP Code					3. Is This			v	Amended
	Rochester		MN 55902			Statem	. ,	OR	×	(A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dis		late			
	DEMOCRATIC-FARM-LABOR	House			MN	01				
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIG	N COMMI	TTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
	NOTE: This designation should be f	iled with the app	ropriate offic	ce listed in th	ne instructions.					
	(a) Name of Committee (in full) WRIGHT FOR CON	IGRESS								
	(b) Address (number and street) PO BOX 552									
	(c) City, State, and ZIP Code									
	ROCHESTER				MN	55903				
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										
8.	I hereby authorize the following name	·	-			,	ceive and exp	end fund	s on be	ehalf of my
8.	candidacy.	ned committee,	which is NOT	Γ my principa	al campaign coi	,	ceive and exp	end fund	s on be	ehalf of my
8.	•	ned committee,	which is NOT	Γ my principa	al campaign coi	,	ceive and expo	end fund	s on be	half of my
8.	candidacy.	ned committee,	which is NOT	Γ my principa	al campaign coi	,	ceive and exp	end fund	s on be	ehalf of my
8.	candidacy. NOTE: This designation should be f	ned committee,	which is NOT	Γ my principa	al campaign coi	,	ceive and exp	end fund	s on be	ehalf of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	ned committee,	which is NOT	Γ my principa	al campaign coi	,	ceive and exp	end fund	s on be	ehalf of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	ned committee,	which is NOT	Γ my principa	al campaign coi	,	ceive and exp	end fund	s on be	ehalf of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street)	ned committee,	which is NOT	Γ my principa	al campaign coi	,	ceive and exp	end fund	s on be	ehalf of my
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	ned committee, villed with the prin	which is NOT	F my principa	ee.	and belief it is				ehalf of my
Si	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate	ned committee, villed with the prin	which is NOT	F my principa	ee.	mmittee, to red				ehalf of my
Si	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	ned committee, villed with the prin	which is NOT	T my principality ign committee	ee.	and belief it is	true, correct a			ehalf of my
Si _W	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate	ned committee, villed with the prin	which is NOT	T my principality ign committees the best of [Elect	my knowledge a	and belief it is Date 09/30/201	true, correct a	nd comp	elete.	
Si _W	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate (right, Richard, Thomas, ,	ned committee, villed with the prin	which is NOT	T my principality ign committees the best of [Elect	my knowledge a	and belief it is Date 09/30/201	true, correct a	nd comp	elete.	

FEC FORM 2 (REV. 02/2009)