RECEIVED
2010 NOV -2 PM 1:07
FEC MAIL CENTER

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
MICHAEL J CAVLAN

(b) Address (number and street) ☐ Check if address changed
3115 ELLIOT AVE. S.

2. Candidate's FEC Identification Number

(c) City, State, and ZIP Code
MINNEAPOLIS MN 55407

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

4. Party Affiliation

5. Office Sought

6. State & District of Candidate

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)
THE COMMITTEE TO ELECT MICHAEL CAVLAN

(b) Address (number and street)
333 SUPERIOR ST.

(c) City, State, and ZIP Code
ST PAUL MN 55102-3026

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

Date
10/31/10

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)

10030483118

JUN 1 2010 AM 10:49

Office of the Minnesota Secretary of State

Filing # Petition 007
Cash/Check #
Amount $ petition

Affidavit of Candidacy

All information on this form is available to the public. Information provided will appear on the Secretary of State's website at www.sos.state.mn.us.
Note: If filing for partisan office and not a major party candidate, you must file both an affidavit of candidacy and a nominating petition. (M.S. 204B.03).

Please print or type.

Name (as it will appear on the ballot): MICHAEL JAMES CAVLAN
Office Sought: CONGRESS District #: 5
For Partisan Office Provide Political Party or Principle: INDEPENDENT PROGRESSIVE
For Judicial Office Provide Name of Incumbent:

Note: All address and contact information is optional for judicial, county attorney and county sheriff office candidates.
Candidate Residence Address (Do not complete if residence address is to be private and checkbox below is marked)
Street Address: 3115 ELLIOT AVE S.
City: MINNEAPOLIS State: MN Zip: 55407

☐ **My residence address is to be classified as private data.** I certify a police report has been submitted, or I have an order for protection regarding my safety or my family's safety, and I have attached a separate form listing my residence address.

Candidate Phone Number (Required): (612) 327-6902

Campaign Contact Address (Required for those who have checked the box above)
Street Address: 3115 ELLIOT AVE S.
City: MINNEAPOLIS State: MN Zip: 55407
Website: **Email:** DORIJJC@AOL.COM

For all offices, I swear (or affirm) that this is my true name or the name by which I am generally known in the community.
If filing for a state or local office, I also swear (or affirm) that:
- I am eligible to vote in Minnesota;
- I have not filed for the same or any other office at the upcoming primary or general election;
- I am, or will be on assuming office, 21 years of age or more;
- I will have maintained residence in this district for at least 30 days before the general election; and
- If a major political party candidate, I either participated in the party's most recent precinct caucuses or intend to vote for a majority of that party's candidates at the next general election.

If filing for one of the following offices, I also swear (or affirm) that I meet the requirements listed below:
- **United States Senator** - I will be an inhabitant of this state when elected and I will be at least 30 years old and a citizen of the United States for not less than nine years on the next January 3rd, or if filled at special election, within 21 days after the election.
- **United States Representative** - I will be an inhabitant of this state when elected and I will be at least 25 years old and a citizen of the United States for not less than seven years on the next January 3rd, or if filled at special election, within 21 days after the election.
- **Governor or Lieutenant Governor** - I will be at least 25 years old on the first Monday of the next January and a resident of Minnesota for not less than one year on election day. I am filing jointly with _____.
- **Supreme Court Justice, Court of Appeals Judge, District Court Judge, or County Attorney** - I am learned in the law and licensed to practice law in Minnesota. My Minnesota attorney license number is _____ and a copy of my license is attached.
- **State Senator or State Representative** - I will be a resident of Minnesota not less than one year and of this district for six months on the day of the general or special election.
- **County Sheriff** - I am a licensed peace officer in Minnesota. My Board of Peace Officer Standards and Training license number is _____ and a copy of my license is attached.
- **School Board Member** - I have not been convicted of an offense for which registration is required under Minnesota Statutes, section 243.166.
- **County, Municipal, School District, or Special District Office** - I meet any other qualifications for that office prescribed by law.

Candidate Signature

6/1/10
Date

(Notary stamp)

Subscribed and sworn before me this 1st day of June 2010

Notary public or other officer empowered to take and certify acknowledgments.

Rev. 5-10

white copy – Filing Officer yellow copy – CFPD Board goldenrod copy – Candidate pink copy – Public Information

Office of the Minnesota Secretary of State

Address of Residence Form

(To be attached to the Affidavit of Candidacy when a candidate has checked the private data box)

Pursuant to Minnesota Statutes, section 204B.06, subd. 1b (c), I have requested that my address of residence be classified as private data. I certify that a police report has been submitted, or I have an order for protection regarding my safety or my family's safety.

Name: MICHAEL J. CAVLAN

Office Sought: REPRESENTATIVE, MINNESOTA 5TH CD

Candidate Residence Address

Street Address: 3115 ELLIOT AVE. S.

City: MINNEAPOLIS State: MN ZIP: 55407

Signature of Candidate:

Date: 10/22/10

The address of residence is classified as private data at the request of the candidate. The address of residence is used by the filing officer who received the affidavit of candidacy, upon written request of a registered voter, to determine whether the address of residence listed by the candidate is actually located in the area represented by the office sought, pursuant to Minnesota Statutes, section 204B.06, subd. 1b (b). While the candidate is not required to provide the address of residence, failure to provide the address of residence will result in an incomplete affidavit of candidacy and the rejection of the affidavit of candidacy, which will result in the omission of the candidate's name from any ballot in the election for which the candidate attempts to file the affidavit of candidacy and pay the filing fee. This information will be available to the filing officer to whom the written request is delivered, to employees of that filing officer and to other elections officials with whom that filing officer consults in order to obtain information necessary to make the determination whether the address of residence listed by the candidate is actually located in the area represented by the office sought.

MINNESOTA SECRETARY OF STATE
ELECTION CANDIDATE INFORMATION FORM

(VOLUNTARY DISCLOSURE)
Please type or print clearly

You are invited to complete this form and leave it with the filing office for public information. The Secretary of State does not edit the information submitted. Information submitted by state and federal candidates will be scanned and placed on the Secretary of State's web site: www.sos.state.mn.us. If you are filing for state or federal office at a county, please FAX a copy of this complete form to us at 651-296-9073 if you wish this information to be published on the web.

100304831 21

Your Name: MICHAEL J CAVLAN Age: 51

Your address: 3115 ELLIOT AVE, S.

Telephone Number: 612-327-6902

E-Mail: OLLAMHFAERY@EARTHLINK.NET Web site: CAVLAN FOR CONGRESS

Occupation and employer: REGISTERED NURSE - REGIONS HOSPITAL

Office Sought: REPRESENTATIVE, MINNESOTA 5TH CD

Political party or principle: INDEPENDENT PROGRESSIVE

Current office held: — First year elected or appointed: ____

Previous elected or appointed public offices: ____

Endorsements: RALPH NADER, MUSLIM WOMEN OF AMERICA, REP. CYNTHIA MCKINNEY, CINDY SHEEHAN, BROTHER RAY TRICOMO & KALPULLI INSTITUTE

Comments or filing statement (use this space only):

I certify that the information provided on this form is true.

Candidate Signature — Date: 10/22/10

If you have any questions, please contact the Elections Division at 651-215-1440.
Please submit this information: Fax: 651-296-9073
Mail: 180 State Office Building, 100 Rev Dr Martin Luther King Jr. Blvd, St. Paul, MN 55155

Office of the Minnesota Secretary of State

Receipt for Petition
2010 State General Election

Instructions: All items must be completed before receipt is issued.

Received:

One Congressional Dist 5 petition containing 151 pages.
Type of Petition — Total Number of Pages

Date filed: 6-1-2010

Submitted by: MICHAEL JAMES CAVLAN
Name
3115 ELLIOT AVE S.
Address
MINNEAPOLIS, MN 55407
612-327-6902
Telephone

Received by: Brad Anderson — 6-1-2010
Signature — Date

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
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label ☐	Postmarked
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed Ex Next Business Day Delivery ☑	Shipping Date 10/31/10
☐ 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
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	11/2/10 DATE PREPARED

(3/2005)

10030483127