

Image# 202002199186538121

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Overby, Paula, Mirare, ,			2. Candidate's FEC Identification Number SOMN00336	
(b) Address (number and street) 835 Cliff Rd		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Eagan MN 55123		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC-FARM-LABOR	5. Office Sought Senate	6. State & District of Candidate MN 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) PAULA OVERBY FOR CONGRESS		
(b) Address (number and street) 835 CLIFF ROAD		
(c) City, State, and ZIP Code EAGAN MN 55129		

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 Overby, Paula, Mirare, , <i>[Electronically Filed]</i>	Date 02/19/2020
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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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