

FEC FORM 2
STATEMENT OF CANDIDACY

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 SECRETARY OF THE SENATE
 PUBLIC RECORDS

2018 FEB -1 PM 12:49

1. (a) Name of Candidate (in full) BOB ANDERSON		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 3259 CORY LANE		3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code HASTINGS MINN 55033		4. Party Affiliation REPUBLICAN
5. Office Sought US SENATE	6. State & District of Candidate MINNESOTA	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) BOB FOR SENATE
(b) Address (number and street) 3259 CORY LANE
(c) City, State, and ZIP Code HASTINGS MINNESOTA

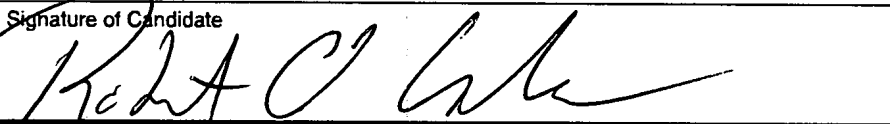
DESIGNATION OF OTHER AUTHORIZED COMMITTEES
 (Including Joint Fundraising Representatives)

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 1-20-2018
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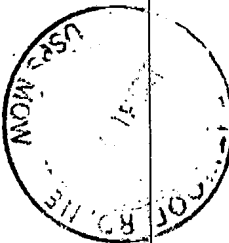
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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FORM MUST BE FILLED OUT AND RETURNED WITH THE MAIL.



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FROM: (PLEASE PRINT)
PHONE () - -

ROBERT ANDERSON
3259 CORY LAKE
HASTINGS MINN 55033

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) purchases additional insurance; OR 3) purchases COD service; OR 4) purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- *Refer to USPS.com or local Post Office™ for availability.

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HASTINGS MINN 55033

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For pickup or USPS Tracking™, visit usps.com or call 800-222-1811.
\$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
PSZIP Code 55439	Scheduled Delivery Date (MM/DD/YYYY) 01-30-18	Delivery Attempt (MM/DD/YYYY) Time 1-30	Employee Signature ML
Date Accepted (MM/DD/YYYY) 01-29-18	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12-NOON	Delivery Attempt (MM/DD/YYYY) Time 1-30	Employee Signature
Postage \$ 24.70	Insurance Fee \$	Weight 1.92 lbs.	Acceptance Employee Initials ML
Return Receipt Fee \$	Live Animal Transportation Fee \$	Weight 1.92 lbs.	Acceptance Employee Initials ML
Total Postage & Fees \$ 24.70			

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

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Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 1/29/18
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

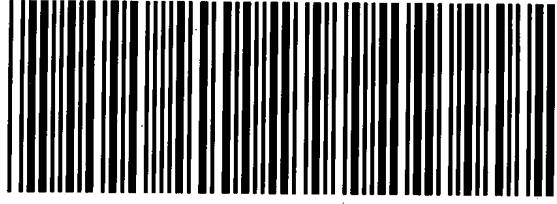
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

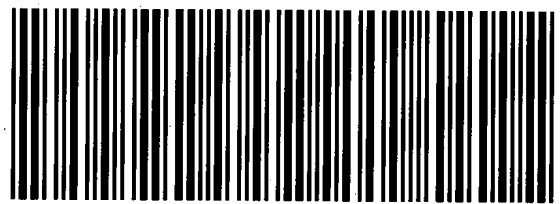
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 2-1-18

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