

RECEIVED  
FEC MAIL CENTER  
OCT -8 AM 8:25  
Marjorie J. Holsten  
Attorney at Law  
9601 Annapolis Lane  
Maple Grove, MN 55369  
(763) 420-7034  
marjholsten@yahoo.com

October 1, 2015

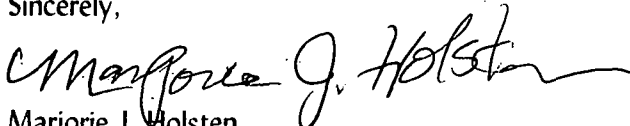
Federal Election Commission  
999 E Street NW  
Washington, DC 20463

Re: FEC Form 2 – Statement of Candidacy  
Pamela J. Myhra, Candidate for Minnesota's Second Congressional District

Dear Sir/Madam:

Enclosed please find completed FEC Form 2. Please call me at the above number if you have any questions. Thank you.

Sincerely,

  
Marjorie J. Holsten  
Campaign Manager

MJH:tbn  
Enc.

Campaign Manager  
Marjorie J. Holsten

2015/10/01

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <u>Pamela J. Myhra</u>		RECEIVED FEC MAIL CENTER 2015 OCT -8 AM 9:25 2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>P.O. Box 3113</u>		
(c) City, State, and ZIP Code <u>Burnsville, MN 55337</u>		3. Is This Statement <input checked="" type="checkbox"/> (N) <input type="checkbox"/> (A) Amended
4. Party Affiliation <u>Republican</u>	5. Office Sought <u>House</u>	6. State & District of Candidate <u>Minnesota's 2nd Congressional Dist.</u>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) <u>Pam Myhra For Congress, Inc.</u>
(b) Address (number and street) <u>P.O. Box 3113</u>
(c) City, State, and ZIP Code <u>Burnsville, MN 55337</u>

### 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 <u>Pamela J. Myhra</u>	Date <u>9/29/15</u>
--	------------------------

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

--	--	--	--	--	--	--	--	--

Marjorie J. Holsten

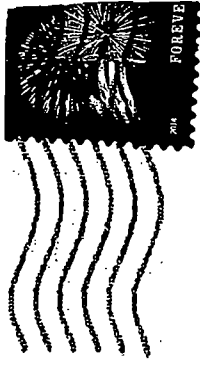
Attorney at Law

9601 Annapolis Lane North

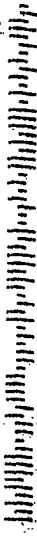
Maple Grove, MN 55369

MINNEAPOLIS MN 553

03 OCT 2015 PM 4 1



20463



1-800-NV-9999 : NO : 01 : 01 : 01

(3/2015)