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SEC. OF STATE

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Matthew Alan Mechtel — 501-86-2613
(b) Address (number and street) 2160 143 Rave SE ☐ Check if address changed — 2. Identification Number
(c) City, State, and ZIP Code Page ND 58064 — 3. Is This Statement ☒ New (N) OR ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
Republican	US House of Reps	North Dakota at Large

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Matt Mechtel for Congress
(b) Address (number and street)
2160 143 Rave SE
(c) City, State, and ZIP Code
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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

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A 10,000.00 for the primary election, and

9B 0.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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
Matt Mechtel	4-10-06

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

26034358

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: MATT MECHTEL

Mailing Address: 2160 143 AVE

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Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 701-674-2745

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: MELISSA ROGUE

Mailing Address: 8003 32nd AVS

FARGO ND 58103-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 701-306-0411

Full Name of Designated Agent:

Mailing Address

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

Federal Election Commission
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JM D — 4-14-06

PREPARER — DATE PREPARED

(3/2005)

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