FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Amanda Lynn Hinson								
	(b) Address (number and street) 120 4th St. S	□C	heck if addre	ss changed		2. Candidate's FEC Id H6MN07288	lentification Number		
	(c) City, State, and ZIP Code						New Amended		
	Long Prairie		MN	1 5634	7	Statement X	(N) OR (A)		
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	REPUBLICAN PARTY	House			MN	07			
	DE	SIGNATIO	N OF PR	NCIPAL	CAMPAIGN	N COMMITTEE			
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
	Hinson for Congress	S							
_	(b) Address (number and street)								
	120 4th St. S P.O. Box 52								
	(c) City, State, and ZIP Code								
	Long Prairie				MN	56347			
	D.F.	CIONATIO	N OF OT	IED ALI	TUODIZED	00444177550			
	DE								
8.	I hereby authorize the following nan candidacy.	ned committee,	which is NO	Γ my princip	al campaign con	nmittee, to receive and e	expend funds on behalf of my		
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign commit	ee.				
_	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(,,								
	(c) City, State, and ZIP Code								
	(-, - 3,								
		mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, corre	ct and complete.		
Si	gnature of Candidate					Date			
A_i	manda Lynn Hinson	[Electronically Filed]				01/27/2016			
				[2.00					
N	OTE: Submission of false, erroneous	P.O. Box 52 City, State, and ZIP Code Long Prairie MN 56347 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) reby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my didacy. TE: This designation should be filed with the principal campaign committee. Name of Committee (in full) Address (number and street) 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. Long Prairie Date A Long Prairie Date Da							
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FEC FORM 2 (REV. 02/2009)