

Image# 201806279115195541

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Torres Ray, Patricia, , ,			2. Candidate's FEC Identification Number H8MN05247	
(b) Address (number and street) P.O. Box 6428		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Minneapolis MN 55406		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MN 05		

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) PATRICIA TORRES RAY FOR CONGRESS		
(b) Address (number and street) 4005 10TH AVENUE S. NO. 1		
(c) City, State, and ZIP Code MINNEAPOLIS MN 55407		

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 Torres Ray, Patricia, , , <i>[Electronically Filed]</i>	Date 06/27/2018
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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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