PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Vogel, Lucia, Marina, Mrs.,								
	(b) Address (number and street) 1205 Pierce Terrace NE	☐ Check if address changed			Candidate's FEC Identification Number H0MN05202				
	(c) City, State, and ZIP Code				3. Is This	New		Amended	
	Columbia Heights	M	N 5542	.1	Statement	x (N)	OR	(A)	
4.	Party Affiliation	5. Office Sought		6. State & Dist	rict of Candidate				
	REPUBLICAN PARTY	House		MN	05				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full) COMMITTEE TO ELECT LUCIA VOGEL TO CONGRESS									
	(b) Address (number and street) PO BOX 21489								
_	(c) City, State, and ZIP Code								
	COLUMBIA HEIGHTS			MN	55421				
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 exa	mined this Statement and t	o the best of	my knowledge a	and belief it is true	e, correct ar	d compl	ete.	
Signature of Candidate Date									
Vogel, Lucia, Marina, Mrs., [Electronically Filed] 11/07/2019									
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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FEC FORM 2 (REV. 02/2009)