## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

1. (a) Name of Candidate (in full)			
Michael E. Obermueller			
(b) Address (number and street) PO Box 211682	□ Check if address changed		2. Candidate's FEC Identification Number H2MN02122
(c) City, State, and ZIP Code			3. Is This New Amended
Eagan	MN 551		Statement X (N) OR (A)
4. Party Affiliation	5. Office Sought	6. State & Distr	ict of Candidate
DEMOCRATIC-FARM-LABOR	House	MN	02
<b>DE</b> 7. I hereby designate the following nar	SIGNATION OF PRINCIPA		
NOTE: This designation should be f	iled with the appropriate office listed ir	the instructions.	
(a) Name of Committee (in full)			
Obermueller for Cor	ngress		
(b) Address (number and street) PO Box 211682			
(c) City, State, and ZIP Code			
Eagan		MN	55121
candidacy.	iled with the principal campaign comm		Imittee, to receive and expend funds on behalf of my
	mined this Statement and to the best o	of my knowledge al	nd belief it is true, correct and complete.
Signature of Candidate			Date ·
Joanne Obermueller	[Ela	ectronically Filed]	04/09/2013
NOTE: Submission of false, erroneous,	, or incomplete information may subjec	t the person signin	g this Statement to penalties of 2 U.S.C. §437g.