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FEC FORM 2

STATEMENT OF CANDIDACY

2004 JUN 27 6 09 14

1. (a) Name of Candidate (In Full) LEIGH CHARLES POMEROY

(b) Address (number and street) Check if address changed
150 CHANCERY LANE, PO BOX 3483

(c) City, State, and ZIP Code
MANKATO, MN 56002-3483

2. Identification Number
20-1339635

3. Is This Statement New Renewed Amended (A)

4. Party Affiliation
DEMOCRAT

5. Office Sought
U.S. HOUSE

6. State & District of Candidate
MINNESOTA, FIRST DISTRICT

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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)
POMEROY FOR MINNESOTA CAMPAIGN

(b) Address (number and street)
150 CHANCERY LANE, PO BOX 3483

(c) City, State, and ZIP Code
MANKATO, MN 56002-3483

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. 401.5) by

GA	0.00	for the primary election, and
GE	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 entered this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate  Date 7/22/04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. 2437g.

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Federal Election Commission
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