FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)											
	Nystrom, Quinn, Reabe, ,											
	(b) Address (number and street) 422 Laurel Street, #161	□ Ch	2. Candidate's FEC Identification Number H0MN08156									
	(c) City, State, and ZIP Code					3. Is Thi		New			Amended	
	Brainerd	Brainerd MN 56401				Stater	ment X	(N)	OR		(A)	
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candi	date					
	DEMOCRATIC-FARM-LABOR	House			MN	08						
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE												
7.	hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)											
Quinn Nystrom for Congress												
	(b) Address (number and street) 422 Laurel Street, #161											
	(c) City, State, and ZIP Code											
					MN	5640	1					
	Brainerd				IVIIN	5040						
 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 Date												
N	lystrom, Quinn, Reabe, ,	[Elect	ronically Filed] 10/03/2019									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												
									FE	C FORM	1 2 (REV. 02/2009)	