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FEC FORM 2

STATEMENT OF CANDIDACY

	())) ((((((((((((((((
1.	(a) Name of Candidate (in full)										
	Grothman, Glenn, S., ,				2. Condidate's FFC Identification Number						
	(b) Address (number and street) PO Box 1215	☐ Check if address changed				2. Candidate's FEC Identification Number H4WI06048					
	(c) City, State, and ZIP Code					3. Is This	S Ne	ew		Amended	
	Fond du Lac		WI	54964	l-1215	Statem	nent (N) OR	×	(A)	
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candid	date				
	REPUBLICAN PARTY	House			WI	06					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following nar	ned political com	nmittee as my l	Principal C	ampaign Comn	nittee for the	2020 (year of elec		ion(s).		
	NOTE: This designation should be f	iled with the app	ropriate office	listed in th	e instructions.						
	(a) Name of Committee (in full)	0									
	Glenn Grothman for	Congress									
	(b) Address (number and street) PO Box 1215										
	1 O BOX 1213										
	(c) City, State, and ZIP Code										
	Fond du Lac				WI	54936	;				
	DE	SIGNATION	OF OTHE	ER AUT	HORIZED	COMMIT	TEES				
		(In	cluding Joint F	undraisin	g Representative	es)					
Q	I hereby authorize the following nam	ned committee v	which is NOT n	ov principa	l campaign con	omittee to re	ceive and ev	oond funds	s on bob	alf of my	
	candidacy.	ied committee, v	VIIIOII IS INOT II	ту ринстре	ii campaign con	minities, to re	ocive and exp	Jena rana.	3 011 0011	an or my	
	NOTE: This designation should be f	iled with the prin	cinal campaidr	committe	10						
		nica with the prin	——————————————————————————————————————	- COMMITTEE							
	(a) Name of Committee (in full)										
	STOP J STREET										
	(b) Address (number and street)										
	8401 EXCELSIOR DRIVE										
	8401 EXCELSIOR DRIVE SUITE 103										
	8401 EXCELSIOR DRIVE										
	8401 EXCELSIOR DRIVE SUITE 103				WA	53717					
	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code	mined this State	ment and to th	e best of r			true, correct	and comp	olete.		
	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code MADISON I certify that I have example of the state of the st	mined this State	ment and to th	e best of r		and belief it is	true, correct	and comp	lete.		
Sig	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code MADISON I certify that I have example of Candidate	mined this State	ment and to th	e best of r		nd belief it is		and comp	olete.		
Sig	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code MADISON I certify that I have example of the state of the st	mined this State	ment and to th			and belief it is		and comp	lete.		
Sig	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code MADISON I certify that I have example of Candidate	mined this State	ment and to th		ny knowledge a	nd belief it is		and comp	olete.		
Siç Gr	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code MADISON I certify that I have example of Candidate			[Electi	ny knowledge a ronically Filed]	Date 02/06/20	19			37g.	
Siç Gr	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code MADISON I certify that I have exa gnature of Candidate rothman, Glenn, , ,			[Electi	ny knowledge a ronically Filed]	Date 02/06/20	19			37g.	
Siç Gr	8401 EXCELSIOR DRIVE SUITE 103 (c) City, State, and ZIP Code MADISON I certify that I have exa gnature of Candidate rothman, Glenn, , ,			[Electi	ny knowledge a ronically Filed]	Date 02/06/20	19			37g.	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)							
	Take Back the House 2020							
	(b) Address (number and street) PO Box 30844							
	(c) City, State, and ZIP Code							
	Bethesda MD 20824							
	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							
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							
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							