Image# 201902079145476681 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| _   |  |                            |                |              |                   |   |                |               |                   |  |
|---|--|----------------------------|----------------|--------------|-------------------|---|----------------|---------------|-------------------|--|
| 1.  | (a) Name of Candidate (in full)  |                            |                |              |                   |   |                |               |                   |  |
|   | Wilske, Larry, A, Mr.,   |                            | N   . !£   -   |              |                   | 0.0   | -4-1- FFO I-I- | 4161 41 1     | Niconale a a      |  |
|   | (b) Address (number and street)<br>10163 Boulder Creek Road  | ☐ Check if address changed |                |              |                   | Candidate's FEC Identification Number     H0CA50111 |                |               |                   |  |
|   | (c) City, State, and ZIP Code  |                            |                |              |                   | 3. Is This  |                | lew           | Amended           |  |
|   | Descanso   |                            | CA             | 9191         | 6                 | Stater  | ment X (f      | N) OR         | (A)               |  |
| 4.  | Party Affiliation  | 5. Office Soug             | ght            |              | 6. State & Dist   |   | date           |               |                   |  |
|   | REPUBLICAN PARTY   | House                      |                |              | CA                | 50  |                |               |                   |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                            |                |              |                   |   |                |               |                   |  |
| 7.  | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 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)  |                            |                |              |                   |   |                |               |                   |  |
|   | Wilske For Congres   | S                          |                |              |                   |   |                |               |                   |  |
|   | (b) Address (number and street)<br>10163 Boulder Creek Road  |                            |                |              |                   |   |                |               |                   |  |
|   | (c) City, State, and ZIP Code  |                            |                |              |                   |   |                |               |                   |  |
|   | Descanso   |                            |                |              | CA                | 91916   | 6              |               |                   |  |
|   |  |                            |                |              |                   |   |                |               |                   |  |
|   | DE   | CIONIATIO                  | N OF OT        | LIED ALL     | TUODIZED          | COMMUT  | TEEO           |               |                   |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)   |  |                            |                |              |                   |   |                |               |                   |  |
| 0   | Lhandha adharina dha fallassina an   |                            | bisbis NO      | T            |                   |   |                |               | b - b - lf - f    |  |
| 8.  | I hereby authorize the following nan candidacy.  | nea committee,             | , which is ino | i my princip | ai campaign cor   | nmittee, to re                                      | eceive and ex  | xpena tuna:   | s on benail of my |  |
|   | NOTE: This designation should be filed with the principal campaign committee.  |                            |                |              |                   |   |                |               |                   |  |
| (a) Name of Committee (in full)   |  |                            |                |              |                   |   |                |               |                   |  |
|   | (1)  |                            |                |              |                   |   |                |               |                   |  |
|   |  |                            |                |              |                   |   |                |               |                   |  |
|   | (b) Address (number and street)  |                            |                |              |                   |   |                |               |                   |  |
|   |  |                            |                |              |                   |   |                |               |                   |  |
| (c) City, State, and ZIP Code   |  |                            |                |              |                   |   |                |               |                   |  |
|   | (6) 61.5), 61.41.6, 41.14 21.1   |                            |                |              |                   |   |                |               |                   |  |
|   |  |                            |                |              |                   |   |                |               |                   |  |
|   | I certify that I have exa  | mined this Sta             | tement and to  | the best of  | my knowledge a    | and belief it is                                    | s true, correc | t and comp    | olete.            |  |
| Si  | gnature of Candidate   |                            |                |              |                   | Date  |                |               |                   |  |
| Wilske Larry A  |  |                            |                |              |                   |   |                |               |                   |  |
|   |  |                            |                | [Elec        | tronically Filed] | 02/07/20  | 719            |               |                   |  |
|   |  |                            |                |              |                   |   |                |               |                   |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |  |                            |                |              |                   |   |                |               |                   |  |
| N   | OTE: Submission of false, erroneous  | , or incomplete            | information n  | nay subject  | the person signir | ng this State                                       | ment to pena   | llties of 2 U | .S.C. §437g.      |  |
| NO  | OTE: Submission of false, erroneous  | , or incomplete            | information n  | nay subject  | the person signir | ng this State                                       | ment to pena   | ulties of 2 U | .S.C. §437g.      |  |
| NO  | OTE: Submission of false, erroneous  | , or incomplete            | information n  | nay subject  | the person signir | ng this State                                       | ment to pena   | alties of 2 U | .S.C. §437g.      |  |

FEC FORM 2 (REV. 02/2009)