

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CHRISTOPHER J ANDERSON			2. Candidate's FEC Identification Number	
(b) Address (number and street) W5740 ST)ATE ROAD 33		☐ Check if address changed		
(c) City, State, and ZIP Code LA CROSSE WI 54601		3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate WI 03		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) CHRIS ANDERSON FOR CONGRESS		
(b) Address (number and street) PO BOX 1864		
(c) City, State, and ZIP Code LA CROSSE WI 54602		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

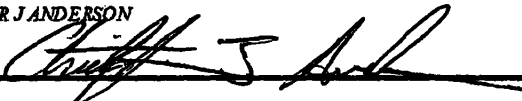
(Including Joint Fundraising Representatives)

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

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 CHRISTOPHER J ANDERSON 	Date 30 Jan 2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

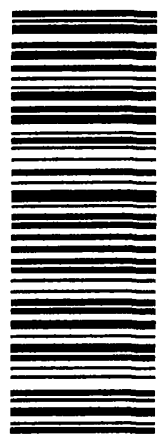
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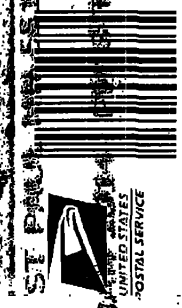
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Cris Anderson
PO Box 1864
La Crosse WI 54602

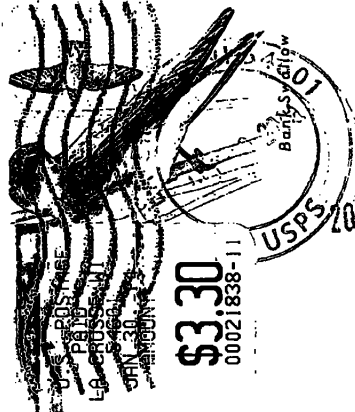


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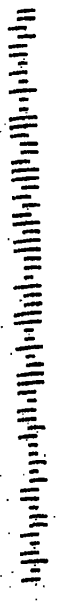


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PREPARER

(8/2013)

2/5/14

DATE PREPARED

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