

**FEC FORM 2  
STATEMENT OF CANDIDACY**

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2009 JAN 16 AM 8:31

1. (a) Name of Candidate (In full) Marc William Savard

(b) Address (number and street)  Check if address changed  
1693 Wildwood Road

(c) City, State, and ZIP Code  
Sister Bay, WI, 54234

2. Identification Number

3. Is This Statement  New (N) OR  Amended (A)

4. Party Affiliation GOP

5. Office Sought Representative Congressman

6. State & District of Candidate WI 8th

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)  
Savard for Congress

(b) Address (number and street)  
1020 Memorial Dr.

(c) City, State, and ZIP Code  
Sturgeon Bay, WI, 54235

**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. 400.9) by

9A  for the primary election, and

9B  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 examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Marc W Savard Date 1-9-09

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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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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*JMS*  
PREPARER  
(3/2005)

*1/16/09*  
DATE PREPARED

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