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FEC FORM 2 STATEMENT OF CANDIDACY

09 DEC 17 PH 2: 1-4

1 (A) Name of Condidate (in full)		
1. (a) Name of Candidate (in full) TERRENCER. WALL		
	2. Candidate's FEC Identification Number	
(b) Address (number and street) ☐ Check if address changed P.O.BOX620037	S O W I O O 1 7 1	
(c) City, State, and ZIP Code	•	
MIDDLETON WI 53562	3. Is This New Amended Statement (N) OR (A)	
4. Party Affiliation 5. Office Sought 6. State & Distri		
REPUBLICAN U.S. SENATE STAT	E OF WISCONSIN	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Comm	whittee for the $\frac{2\ 0\ 1\ 0}{\text{(year of election)}}$ election(s).	
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(a) Name of Committee (in full)		
TERRENCE WALL FOR U.S. SENA	TE, INC.	
(b) Address (number and street)		
P.O. BOX 620037		
(c) City, State, and ZIP Code		
MIDDLETON, WISCONSIN 53562		
· · · · · · · · · · · · · · · · · · ·		
DESIGNATION OF OTHER AUTHORIZED (COMMITTEES	
(Including Joint Fundraising Representative	es)	
8. I hereby authorize the following named committee, which is NOT my principal campaign comcandidacy.	nmittee, to receive and expend funds on behalf of my	
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		
(b) Oily, Olato, and the Oode		
I certify that I have examined this Statement and to the best of my knowledge ar	nd helief it is true, correct and complete	
	ļ	
Signature of Candidate	Date.	
WI SECUL	12/11/09	
Decree 2	17 / 17 / 07	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing	g this Statement to penalties of 2 U.S.C, §437g.	

PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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