

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Tom Nelson		
(b) Address (number and street) PO Box 348		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Kaukauna WI 54130		2. Candidate's FEC Identification Number H6WI08163
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
		6. State & District of Candidate WI 08
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Nelson for Wisconsin		
(b) Address (number and street) PO Box 348		
(c) City, State, and ZIP Code Kaukauna WI 54130		

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) Nelson Victory Fund		
(b) Address (number and street) PO Box 348		
(c) City, State, and ZIP Code Kaukauna WI 53130		

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 Tom Nelson <i>[Electronically Filed]</i>	Date 08/23/2016
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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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