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## FEC FORM 2

## STATEMENT OF CANDIDACY

_								_		
1.	(a) Name of Candidate (in full) WASHBURN, AMY IRENE MS									
	(b) Address (number and street)  2921 S. 17TH STREET					Candidate's FEC Identification Number     H0WI06194				
	(c) City, State, and ZIP Code						lew	Δ	mended	
	SHEBOYGAN		WI	5308	1		N) OR		A)	
4.	Party Affiliation	5. Office Soug	ght			rict of Candidate				
	Dem	House			WI	06				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) WASHBURN FOR WISCONSIN SIXTH										
	(b) Address (number and street) 2921 S. 17TH STREET									
	(c) City, State, and ZIP Code									
	SHEBOYGAN				WI	53081				
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)										
	(a) Name of Committee (in rull)									
(b) Address (number and street)										
(c) City, State, and ZIP Code										
	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1									
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate	Date								
W	'ASHBURN, AMY IRENE MS., , ,			[Elec	tronically Filed]	06/20/2023				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)