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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | · | | |
|---|---|------------------------|--------------|-------------|--|-------------------------------|------------------|--|
| | Boivin, Bradley, Thomas, Dr., | | | | | | | |
| | (b) Address (number and street) 4810 Village Court #4 | treet) | | | 2. Candidate's FEC Identification Number H8WI01172 | | | |
| | (c) City, State, and ZIP Code | | | | | | ew Amended | |
| | Nashotah | | W | 5305 | 8 | Statement (N | I) OR (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 6. State & Distr | rict of Candidate | | |
| | REPUBLICAN PARTY | House | | | WI | 01 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| Brad Boivin For Congress | | | | | | | | |
| _ | (b) Address (number and street) | | | | | | | |
| | P.O. Box 8482 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Janesville | | | | WI | 53547 | | |
| _ | | | | | | | | |
| | DE | SIGNATIO | N OF OT | HFR AII | THORIZED | COMMITTEES | | |
| 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) | | | | | | | | |
| (b) Address (number and street) | | | | | | | | |
| | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | I certify that I have exa | mined this Stat | ement and to | the best of | my knowledge a | nd belief it is true, correct | and complete. | |
| Signature of Candidate Date | | | | | | | | |
| Bo | oivin, Bradley, Thomas, Dr., | [Electronically Filed] | | | tronically Filed! | 05/17/2018 | | |
| | | | | EE | ronicully Pileuj | | | |
| _ | | | | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)

: 97 A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F2N Transaction ID:

We have submitted Form 1 but selected we did not have a candidate ID because we were waiting for email to set up PIN. Thanks!

Form/Schedule: Transaction ID: