## FEC FORM 2 STATEMENT OF CANDIDACY

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i. (d	) Name of Candidate (in full)										
	Larson, Christopher, , ,										
(h	Address (number and street)	Check	if address c	handed		2. Candidat	e's FFC 1	dentific	ation N	umber	
(D	3233 S Herman St		11 2001033 0	nangeu		S2WI00		uentino		umber	
(c)	City, State, and ZIP Code					3. Is This		New		A	Amended
(-)	Milwaukee		WI	53207	7	Stateme	ent X	(N)	OR	(.	A)
4. Pa	arty Affiliation	5. Office Sought			6. State & Dist	rict of Candida	ate			_	
D	EMOCRATIC PARTY	Senate			WI	00					
	DE	SIGNATION C	F PRINC	IPAL	CAMPAIGN		ITEE				
7. Ih	I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2022</u> election(s). (year of election)										
N	DTE: This designation should be f	iled with the approp	riate office li	sted in th	ne instructions.						
(a	) Name of Committee (in full)										
	Larson for Senate										
(b)	) Address (number and street) 3233 S Herman St										
(c)	City, State, and ZIP Code										
. ,	Milwaukee				WI	53207					
	Milwadkee					00201					
		(Includ			g Representative	COMMIT es)					
ca N(	ereby authorize the following nan ndidacy. DTE: This designation should be f ) Name of Committee (in full)	ned committee, whic	ding Joint Fu h is NOT my	ndraisin / principa	g Representative	es)		expend	l funds	on beha	If of my
ca N( (a)	ndidacy. DTE: This designation should be f	ned committee, whic	ding Joint Fu h is NOT my	ndraisin / principa	g Representative	es)		expend	I funds	on beha	If of my
ca NG (a)	ndidacy. DTE: This designation should be f	ned committee, whic	ding Joint Fu h is NOT my	ndraisin / principa	g Representative	es)		expend	I funds	on beha	lf of my
ca NG (a)	ndidacy. <b>DTE:</b> This designation should be f ) Name of Committee (in full) ) Address (number and street)	ned committee, whic	ting Joint Fu h is NOT my וl campaign	ndraisin / principa committe	g Representative al campaign con	es) nmittee, to rec	ceive and				If of my
Ca No (a) (b) (c)	ndidacy. <b>DTE:</b> This designation should be f ) Name of Committee (in full) ) Address (number and street) ) City, State, and ZIP Code	ned committee, whic	ting Joint Fu h is NOT my וl campaign	ndraisin / principa committe	g Representative al campaign con	es) nmittee, to rec	ceive and				If of my
Ca No (a) (b) (c) Signa	ndidacy. <b>DTE:</b> This designation should be f ) Name of Committee (in full) ) Address (number and street) ) City, State, and ZIP Code <i>I certify that I have exa</i>	ned committee, whic	ting Joint Fu h is NOT my וl campaign	ndraising / principa committe best of I	g Representative al campaign con	es) nmittee, to rec	true, corre				If of my
Ca No (a) (b) (c) Signa <i>Larso</i>	ndidacy. <b>DTE:</b> This designation should be f ) Name of Committee (in full) ) Address (number and street) ) City, State, and ZIP Code <i>I certify that I have exa</i> <b>ature of Candidate</b>	ned committee, whic	ting Joint Fu h is NOT my Il campaign	ndraising / principa committe best of / [Elect	g Representative al campaign con ee. my knowledge a ronically Filed]	es) nmittee, to rec and belief it is a Date 05/25/202	true, corre	ect and	comple	ete.	· · · · · · · · · · · · · · · · · · ·
Ca No (a) (b) (c) Signa <i>Larso</i>	ndidacy. <b>DTE:</b> This designation should be f ) Name of Committee (in full) ) Address (number and street) ) Address (number and street) ) City, State, and ZIP Code <i>I certify that I have exa</i> <b>ature of Candidate</b> <i>on, Christopher, , ,</i>	ned committee, whic	ting Joint Fu h is NOT my Il campaign	ndraising / principa committe best of / [Elect	g Representative al campaign con ee. my knowledge a ronically Filed]	es) nmittee, to rec and belief it is a Date 05/25/202	true, corre	ect and	comple	ete.	· · · · · · · · · · · · · · · · · · ·