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FEC FORM 2

STATEMENT OF CANDIDACY

_							
1.	(a) Name of Candidate (in full) ANDERSON, PHILLIP, NORM	ΔN					
	(b) Address (number and street)					Candidate's FEC Identification Number S4WI00173	
_	(c) City, State, and ZIP Code MIDDLETON		WI	5356	2	3. Is This Statement (N) OR (A)	
4.	Party Affiliation INDEPENDENT	5. Office Soug			6. State & Dist	trict of Candidate	
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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)						
PHILLIP ANDERSON FOR US SENATE							
	(b) Address (number and street)						
	2400 PARMENTER ST APT 4	100					
	(c) City, State, and ZIP Code						
	MIDDLETON				WI	53562	
(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)							
(c) City, State, and ZIP Code							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Si	Signature of Candidate					Date	
ANDERSON, PHILLIP, NORMAN, ,					04/09/2024		
N	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)