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FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Nancy Jean Nusbaum		2. Identification Number H4W108051
(b) Address (number and street) <input type="checkbox"/> Check if address changed 1319 N. Summer Range Rd		3. Is This Statement New (N) OR Amended (A) <input checked="" type="checkbox"/>
(c) City, State, and ZIP Code De Pere WI 54115		
4. Party Affiliation D	5. Office Sought Congress	6. State & District of Candidate WI-08

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 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) Friends of Nusbaum for Congress
(b) Address (number and street) 1319 N. Summer Range Rd
(c) City, State, and ZIP Code De Pere WI 54115

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)
(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A 0.00 for the primary election, and

9B 0.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 Nancy J. Nusbaum	Date 11-1-05
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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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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SL
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