

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

Page 1 / 3  
**RECEIVED**  
SECRETARY OF THE SENATE  
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1. (a) Name of Candidate (in full) Russ D Feingold		16 SEP -1 PM 12:30	
(b) Address (number and street) PO Box 620061		<input type="checkbox"/> Check if address changed	2. Candidate's FEC Identification Number S8WI00026
(c) City, State, and ZIP Code Middleton, WI 53562		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEM	5. Office Sought Senate	6. State & District of Candidate WI	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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)  
Russ for Wisconsin

(b) Address (number and street)  
PO Box 620061

(c) City, State, and ZIP Code  
Middleton, WI 53562

**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)  
IL OH WI Victory Fund

(b) Address (number and street)  
918 Pennsylvania Ave SE

(c) City, State, and ZIP Code  
Washington, DC 20003

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 	Date 8/27/2016
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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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**FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)**

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]**  
(Including Joint Fundraising Representatives)

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)

Wisconsin Missouri Victory Fund

(b) Address (number and street)

918 Pennsylvania Ave SE

(c) City, State, and ZIP Code

Washington, DC 20003

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]**  
(Including Joint Fundraising Representatives)

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)

Silicon Valley Victory 2016

(b) Address (number and street)

120 Maryland Avenue NE

(c) City, State, and ZIP Code

Washington, DC 20002

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]**  
(Including Joint Fundraising Representatives)

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)

Russ Victory Fund

(b) Address (number and street)

15 N Pinckney St Ste 200

(c) City, State, and ZIP Code

Madison, WI 53703

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]**  
(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

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**FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)**

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Feingold Victory Fund

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington, DC 20002

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL]**  
(Including Joint Fundraising Representatives)

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)

Schumer Committee for the Majority

(b) Address (number and street)

120 Maryland Avenue NE

(c) City, State, and ZIP Code

Washington, DC 20002

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Date Accepted (M/D/YYYY): 8-29-14  
 Scheduled Delivery Time: 10:30 AM  
 Priority Receipt Fee: \$2.70  
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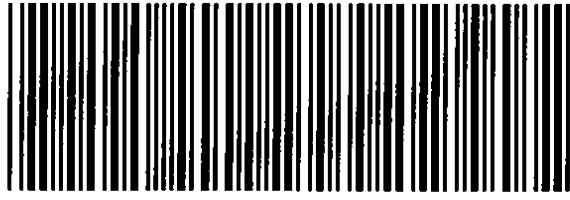
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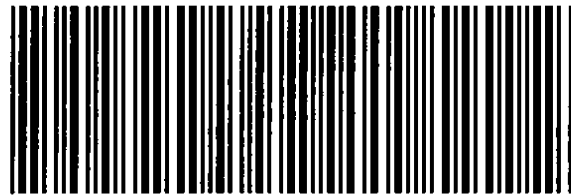
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