

# FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED  
SECRETARY OF THE SENATE

1. (a) Name of Candidate (in full) <b>RAE SHARLENE VOGELER</b>		05 SEP -8 AM 10:52	
(b) Address (number and street) <b>299 N. MAIN ST.</b>		2. Identification Number	
(c) City, State, and ZIP Code <b>OREGON, WI 53575</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR Amended (A)	
4. Party Affiliation <b>GREEN PARTY</b>	5. Office Sought <b>US SENATE</b>	6. State & District of Candidate <b>WISCONSIN</b>	

### 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) <b>WISCONSINITES FOR RAE VOGELER, US SENATE</b>	
(b) Address (number and street) <b>1337 JENIFER ST.</b>	
(c) City, State, and ZIP Code <b>MADISON, WI 53703</b>	

### 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 <b>Rae S. Vogeler</b>	Date <b>9-2-05</b>
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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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mk

Chiefer St.

M, WI 53703

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25020360561  
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BY THE SENATE  
POST OFFICE

CERTIFIED MAIL



7005 0390 0005 2116 9884

RETURN RECEIPT  
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Secretary of the Senate  
Office of Public Records  
Po Box 5109  
Alexandria, VA 22301-0109

*[Handwritten initials]*



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SECRETARY OF THE SENATE  
05 SEP -6 AM 11:41

EMILY J. REYNOLDS  
SECRETARY

PAMELA B. GAYN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7118  
PHONE: (202) 224-0022

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
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USPS REGISTERED/CERTIFIED 09-03-05  
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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PREPARER RD

DATE PREPARED 09-08-05

25020360563  
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