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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)	_								
	D?Amico, Samuel, Nicholas, I									
	(b) Address (number and street) 411 Carpenter PI Unit 2	arpenter PI					Candidate's FEC Identification Number     S2WI00300			
	(c) City, State, and ZIP Code	City, State, and ZIP Code						New	Amended	
	Waukesha	WI 53186				Stater	ment 🗶 (	N) OR	(A)	
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist	trict of Candi	date			
	DEMOCRATIC PARTY	Senate	<b>!</b>		WI	00				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	D?Amico for senate	!								
	(b) Address (number and street)									
	411 Carpenter Pl									
	Unit 2									
	(c) City, State, and ZIP Code									
	Waukesha				WI	53186	6			
	5.5	OLONIATIO	N OF OT			00141417	TEE0			
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)									
8.	I hereby authorize the following nar candidacy.	ned committee	, which is NO	T my princip	al campaign cor	nmittee, to re	eceive and e	xpend fund	s on behalf of my	
	NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full)										
	(5)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is	s true, correc	t and comp	olete.	
Si	gnature of Candidate					Date				
D?Amico, Samuel, Nicholas, Mr, [Electronically Filed] 12/03/2019										
				[Elec	tronically Filed]	12/00/20	710			
<b>NOTE:</b> Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
	OTE: Submission of false, erroneous	, or incomplete	miormation	nay subject t	ne person signii	ng mis state	ment to pene	111103 01 2 0	.S.C. 9437g.	
	OTE: Submission of false, erroneous	, or incomplete	Intermation	lay subject t	The person signif	ing this State	Therit to pene	1	.S.C. §437g.	
	OTE: Submission of false, erroneous	, or incomplete	mormatorn	nay subject t	The person signif	ing this State	There to pene	11163 01 2 0	.S.C. 9437g.	
	OTE: Submission of false, erroneous	, or incomplete		nay subject t	The person signif	ng tris State	ment to pene	11163 01 2 0	.s.c. §437g.	

FEC FORM 2 (REV. 02/2009)