

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

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FEC MAIL  
OPERATIONS CENTER

|                                                                  |                                     |                                                                                                          |
|------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (In full)<br><b>DAVID ALAN ROBINSON</b> |                                     | 2005 DEC 11 P 8:18                                                                                       |
| (b) Address (number and street)<br><b>1358 HUNGERFORD PT</b>     |                                     | 2. Identification Number                                                                                 |
| (c) City, State, and ZIP Code<br><b>ST CROIX Falls WI 54024</b>  |                                     | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>REPUBLICAN</b>                        | 5. Office Sought<br><b>US HOUSE</b> | 6. State & District of Candidate<br><b>WI 7th</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)<br><b>ROBINSON FOR CONGRESS</b> |
| (b) Address (number and street)<br><b>P.O. BOX 386</b>          |
| (c) City, State, and ZIP Code<br><b>CENTURIA WI 54824</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 | <input type="text" value="0.00"/> | for the primary election, and |
| 9B | <input type="text" value="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<br><b>David A Robinson</b> | Date<br><b>11/20/05</b> |
|---------------------------------------------------|-------------------------|

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**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                  |                                 |
|----------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Hand Delivered                                          | Date of Receipt                 |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked<br><i>11-23-05</i>   |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                                 |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible                                      |                                 |
| <input type="checkbox"/> No Postmark                                             |                                 |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                   |
| Next Business Day Delivery <input type="checkbox"/>                              |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                 |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                 |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                 |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked   |
| <i>Jm p</i><br>PREPARER                                                          | <i>12-1-05</i><br>DATE PREPARED |