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# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |                           |   |   |  |  |
|---|---------------------------|---|---|--|--|
| 1. (a) Name of Candidate (in full)<br>Follmer, Adam, , ,  |                           |   | 2. Candidate's FEC Identification Number<br>H6WI01267 |  |  |
| (b) Address (number and street)<br>3966 South Packard Ave |                           | <input type="checkbox"/> Check if address changed |   | 3. Is This<br>Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) |  |
| (c) City, State, and ZIP Code<br>St. Francis              |                           | WI  | 53235   |  |  |
| 4. Party Affiliation<br>INDEPENDENT                       | 5. Office Sought<br>House | 6. State & District of Candidate<br>WI 01         |   |  |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

Adam for WI District 1

(b) Address (number and street)

3966 S Packard Ave

(c) City, State, and ZIP Code

St. Francis

WI 53235

### 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

*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>Follmer, Adam, , , | Date<br>06/27/2025 |
|--|--------------------|

**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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