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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lyerly, Kristin, , ,		
(b) Address (number and street) 1794 Allouez Ave Suite C #133		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Green Bay WI 54311		2. Candidate's FEC Identification Number H4WI08101
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate WI 08		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Kristin Lyerly for Congress		
(b) Address (number and street) 1794 Allouez Ave Suite C #133		
(c) City, State, and ZIP Code Green Bay WI 54311		

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) LYERLY AND MORRISON VICTORY FUND		
(b) Address (number and street) PO Box 65322		
(c) City, State, and ZIP Code Washington DC 20035		

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 Lyerly, Kristin, , ,	Date 09/10/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

LYERLY SCHULTZ VICTORY FUND

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

Washington

DC

20035

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)

Physicians Victory Fund

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

Washington

DC

20035

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)

314 ACTION IMPACT SLATE

(b) Address (number and street)

PO BOX 14560

(c) City, State, and ZIP Code

Washington

DC

20044

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)

LYERLY VICTORY FUND

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

Washington

DC

20003