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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	☐ Check if address changed			Candidate's FEC Identification Number     H4WI08101					
	(c) City, State, and ZIP Code					3. Is This	s N	ew		Amended
	Green Bay		WI	5431	1	Staten	nent (N	N) OR	×	(A)
4.	Party Affiliation	5. Office Sought			6. State & Dist	trict of Candid	date			
	DEMOCRATIC PARTY	House			WI	08				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for theelection(s). (year of election)									
	NOTE: This designation should be f	iled with the appro	priate offic	e listed in th	ne instructions.					
	(a) Name of Committee (in full)									
	Kristin Lyerly for Co	ngress								
	(b) Address (number and street)									
	1794 Allouez Ave									
	Suite C #133									
	(c) City, State, and ZIP Code									
	Green Bay				WI	54311	İ			
	2.55 24,									
8.	I hereby authorize the following nan- candidacy.  NOTE: This designation should be f	ned committee, wh	ich is NOT	my principa	, ,	•	eceive and ex	pend funds	s on beh	alf of my
	(a) Name of Committee (in full)									
	LYERLY AND MOR	RISON VIC	TORY	FUND						
	(b) Address (number and street)									
	PO Box 65322									
	(c) City, State, and ZIP Code									
	Washington				DC	20035				
	Washington				20	20000				
	I certify that I have exa	mined this Stateme	ent and to	the best of i	my knowledge a	and belief it is	s true, correct	and comp	lete.	
Si	gnature of Candidate					Date				
						00/40/20	0.4			
L	yerly, Kristin, , ,					09/10/20	24			
N	OTE: Submission of false, erroneous	or incomplete info	rmation ma	av subiect t	ne nerson signi	na this Stater	ment to nenal	Ities of 2 LL	S C 84'	37a
	JIE. Subinission of faise, enoneous	or moornplote into		ay oabjoot t	ie person signii	ing tins Otatei	none to pond		.0.0. 34.	<i>31</i> g.
	JIE. Submission of faise, enoneous.				le person signi	rig triis Otatei	Tions to ponds	1.100 01 2 0.	.0.0. 3-	<i>51</i> g.
	OTE. Submission of laise, entitleous.				le person signi	ng tino Otatei	Tion to pond		.0.0. 3+	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	2
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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : 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.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : 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 i candidacy. <b>NOTE</b> : This designation should be filed with the (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.	Washington  I hereby authorize the following named committee, which i candidacy. NOTE: This designation should be filed with the	s NOT my principal campaign co	ommittee, to receive and expend funds on behalf of my	,					
8.	I hereby authorize the following named committee, which i	s NOT my principal campaign co	ommittee, to receive and expend funds on behalf of my						
8.	I hereby authorize the following named committee, which i candidacy. <b>NOTE</b> : This designation should be filed with the	s NOT my principal campaign co	ommittee, to receive and expend funds on behalf of my						
8.	I hereby authorize the following named committee, which i candidacy. <b>NOTE</b> : This designation should be filed with the (a) Name of Committee (in full)	s NOT my principal campaign co	ommittee, to receive and expend funds on behalf of my	- -					
8.	I hereby authorize the following named committee, which i candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full)  LYERLY VICTORY FUND  (b) Address (number and street)	s NOT my principal campaign co	ommittee, to receive and expend funds on behalf of my						