

Image# 202411209719998859

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WIED, TONY, , ,			2. Candidate's FEC Identification Number H4WI08119	
(b) Address (number and street) PO BOX 5003		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code DE PERE		WI	54115	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate WI 08		

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) TONY WIED FOR CONGRESS		
(b) Address (number and street) PO BOX 5003		
(c) City, State, and ZIP Code DE PERE WI 54115		

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) TONY WIED VICTORY COMMITTEE		
(b) Address (number and street) PO BOX 5003		
(c) City, State, and ZIP Code DE PERE WI 54115		

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 WIED, TONY, , ,	Date 11/20/2024
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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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