201712180200412936

FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE PUBLIC RECORDS
2017 DEC 18 PM 4: 47

	Mary 10	Walter	` 5				
(b) Address (number and street) D Chec	k if address changed EMONT A		2. FEC Cand	idate Identifica		nber 208
(c) City, State, and ZIP Code		WI 537	8 4	3. Is This Stateme	nt New (N)	OR	Amended (A)
Party Affiliation	5. Office Sought	nate	6. State & Distr	nct of Candidate			
	DESIGNATION	OF PRINCIPAL	CAMPAIGN	I COMMIT	TEE		
I hereby designate the following				nittee for the(2018 year of election	_ electio n)	n(s).
NOTE: This designation should	<u> </u>	pnate office listed in u	e instructions.		_,		·*··
(a) Name of Committee (in full)	ary)o Wa	lters for	- US S	senat	e		
(b) Address (number and street	"		A 15 O				
	2313 f						
(c) City, State, and ZIP Code	MADISO	n, WI	5370	7			
		OF OTHER AUT uding Joint Fundralsin			EES		
. I hereby authorize the following candidacy. NOTE: This designation should	(Inci	uding Joint Fundralsin	g Representativ al campaign cor	res)		nd funds	on behalf of my
candidacy.	(Inci	uding Joint Fundralsin	g Representativ al campaign cor	res)		nd funds	on behalf of my
candidacy. NOTE: This designation should	(Incl g named committee, wh d be filed with the princi	uding Joint Fundralsin	g Representativ al campaign cor	res)		nd funds	on behalf of my
candidacy. NOTE: This designation should (a) Name of Committee (in full)	(Incl g named committee, wh d be filed with the princi	uding Joint Fundralsin	g Representativ al campaign cor	res)		nd funds	on behalf of my
candidacy. NOTE: This designation should (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	(Incl g named committee, wh d be filed with the princi	uding Joint Fundralsin nich is NOT my princip	g Representativ al campaign cor	es)	eive and expe		
(a) Name of Committee (in full) (b) Address (number and stree) (c) City, State, and ZIP Code	(Inci	uding Joint Fundralsin nich is NOT my princip ipal campaign committ ent and to the best of	g Representativ al campaign cor	es)	eive and expe	nd comp	lete.
candidacy. NOTE: This designation should (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	(Incl.) g named committee, which is the filed with the principal of the filed with	uding Joint Fundralsin hich is NOT my princip ipal campaign committed and to the best of	g Representativ al campaign cor ee my knowledge a	and belief it is	true, correct au	nd comp	lete.
candidacy. NOTE: This designation should (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have signature of Candidate Mar	(Incl.) g named committee, which is the filed with the principal of the filed with	uding Joint Fundralsin hich is NOT my princip ipal campaign committed and to the best of	g Representativ al campaign cor ee my knowledge a	and belief it is	true, correct au	nd comp	lete.

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page 2 of 2

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					
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					
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					
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					

THE REPORT OF

2313 Fremont Mre MADISON, WI 53204

Sec. of Senate Office of Public Records P.O. Box 77578

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HART SENATE OFFICE BUILDING
SUITE 232

United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 . PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

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SEN PATCH



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