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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Polack, Roger, , ,				100					
	(b) Address (number and street) PO Box 44361	□С	heck if addre	ss changed		Candidate's FEC Identification Number H0WI01120				
	(c) City, State, and ZIP Code							Amended		
	Racine		W	I 5340		Ctatement (N) OR	(A)		
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist					
_	DEMOCRATIC PARTY	House			VVI	U1				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE				
7.	I hereby designate the following nar	med political co	mmittee as n	ny Principal	Campaign Comn			n(s).		
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)					3. Is This Statement (N) OR (A) Amended (A)				
	Roger for Wisconsir	1								
	(b) Address (number and street) PO Box 44361									
	(c) City, State, and ZIP Code									
	Racine				WI	53404				
(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 f	iled with the pri	ncipal campa	aign committ	ee.					
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correc	t and comple	te.		
Signature of Candidate Date										
Pe	olack, Roger, , ,			[Elec	tronically Filed]	01/08/2020				
N	OTE: Submission of false, erroneous	, or incomplete	information n	nay subject	the person signir	ng this Statement to pena	alties of 2 U.S	.C. §437g.		
\Box										

FEC FORM 2 (REV. 02/2009)