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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Christopher Carl Peters (b) Address (number and street)		book if addra	O Condidate a FFO Identification Number							
	1995 Ashlynd Drive	☐ Check if address changed				Candidate's FEC Identification Number     H6IA02161					
	(c) City, State, and ZIP Code					3. Is This	New			Amended	
	Coralville		I/	522	41	Statement	X (N)	OR	ш	(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate					
	REPUBLICAN PARTY	House			IA	02					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Peters for Congress	5									
	(b) Address (number and street) 1995 Ashlynd Drive										
	(c) City, State, and ZIP Code										
	Coralville				IA	52241					
8.	DE  I hereby authorize the following name	(	Including Joir	nt Fundraisi	ng Representativ	,		d funds	on beha	alf 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										
	I certify that I have exa	mined this Sta	tement and to	o the best o	f my knowledge a	and belief it is true, o	correct and	l comple	ete.		
Si	gnature of Candidate					Date					
Cl	hristopher Carl Peters			[Ele	ctronically Filed]	03/13/2016					
NC	DTE: Submission of false, erroneous,	, or incomplete	information r	may subject	the person signir	ng this Statement to	o penalties	of 2 U.S	s.C. §43	37g.	
NO	DTE: Submission of false, erroneous,	, or incomplete	information r	may subject	the person signir	ng this Statement to	o penalties	of 2 U.S	s.C. §43	7g.	

FEC FORM 2 (REV. 02/2009)