

Image# 201906029149874201

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Axne, Cindy, , ,			2. Candidate's FEC Identification Number H8IA03124	
(b) Address (number and street) PO Box 65551		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code West Des Moines IA 50265		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate IA 03		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) <b>CINDY AXNE FOR CONGRESS</b>		
(b) Address (number and street) P.O. BOX 65551		
(c) City, State, and ZIP Code WEST DES MOINES IA 50265		

### 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>Cindy Axne Victory Fund</b>		
(b) Address (number and street) 5825 Waterbury Circle		
(c) City, State, and ZIP Code Des Moines IA 50312		

*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 Axne, Cindy, , ,  <i>[Electronically Filed]</i>	Date 06/02/2019
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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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

**MAINTAINING A MAJORITY**

(b) Address (number and street)

918 PENNSYLVANIA AVE SE

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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)

**NEW DEMOCRAT COALITION ACTION FUND**

(b) Address (number and street)

233 PENNSYLVANIA AVE SE

2ND FLOOR

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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)

**HOLD THE HOUSE PAC**

(b) Address (number and street)

119 1ST AVENUE SOUTH

SUITE 320

(c) City, State, and ZIP Code

SEATTLE

WA

98104

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