FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 3

1. (a) Name of Candidate (in full) ERNST, JONI, K, ,									
(b) Address (number and street) 910 N 6TH ST	□ Check i	if address ch	anged		2. Candida S4IA0	ate's FEC Ide 0129	entification N	umber	
(c) City, State, and ZIP Code RED OAK		IA	51566		3. Is This Stater	s N	lew N) OR	Ameno (A)	ded
4. Party Affiliation	5. Office Sought			6. State & Dist	rict of Candi		,		
REPUBLICAN PARTY	Senate			IA					
D	ESIGNATION O	F PRINC	IPAL (CAMPAIGN		ITTEE			
7. I hereby designate the following n	amed political committe	ee as my Prir	ncipal Ca	ampaign Comr	nittee for the	2020 (year of ele	election)	on(s).	
NOTE: This designation should be	e filed with the appropri	iate office list	ed in the	e instructions.					
(a) Name of Committee (in full) JONI FOR IOWA									
(b) Address (number and street) PO BOX 93441									
(c) City, State, and ZIP Code									
DES MOINES				IA	50393	3			
 8. I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) ERNST VICTORY 	amed committee, which	n is NOT my	principal			eceive and e	opend funds	on behalf of n	ny
(b) Address (number and street) PO BOX 93441									
(c) City, State, and ZIP Code									
DES MOINES				IA	50393				
I certify that I have e	xamined this Statemen	t and to the b	best of m	ny knowledge a	and belief it is	s true, correc	t and compl	ete.	
Signature of Candidate					Date				· ·
ERNST, JONI, , ,			[Electr	onically Filed]	07/15/20	19			
NOTE: Submission of false, erroneou	us, or incomplete inform	nation may su	ubject th	e person signir	ng this State	ment to pena	Ities of 2 U.S	S.C. §437g.	

Image# 201907159150937438

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)			
ERNST VICTORY IOWA			
(b) Address (number and street) PO BOX 93441			
(c) City, State, and ZIP Code DES MOINES	IA	50393	
	IA.	00000	

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) JONI'S ROAST AND RIDE		
(b) Address (number and street) PO BOX 93441		
(c) City, State, and ZIP Code		
DES MOINES	IA	50393

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)		
ERNST MAJORITY COMMITTEE		
(b) Address (number and street) 228 S WASHINGTON ST STE 115		
(c) City, State, and ZIP Code		
ALEXANDRIA	VA	22314

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)			
SENATE FIREWALL 2020			
(b) Address (number and street) 901 N WASHINGTON ST STE 700			
(c) City, State, and ZIP Code			
ALEXANDRIA	VA	22314	

Image# 201907159150937439

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)			
DEFEND THE SENATE			
(b) Address (number and street) 228 S WASHINGTON ST STE 115			
(c) City, State, and ZIP Code			
ALEXANDRIA	VA	22314	

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)			
GOP WINNING WOMEN			
(b) Address (number and street) 228 S WASHINGTON ST STE 115			
(c) City, State, and ZIP Code			
ALEXANDRIA	VA	22314	

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