

# FEC FORM 2

## STATEMENT OF CANDIDACY

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 SECRETARY OF THE SENATE  
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15 OCT 22 PM 12:01

1. (a) Name of Candidate (in full) Thomas L. Fiegen			2. Identification Number	
(b) Address (number and street) 307 Second Avenue		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Clarence, Iowa 52216		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation Democrat	5. Office Sought United States Senate	6. State & District of Candidate Iowa		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Fiegen for U.S. Senate Committee, Inc.
(b) Address (number and street) P.O. Box 279
(c) City, State, and ZIP Code Clarence, Iowa 52216

### 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

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 	Date 10/5/2016
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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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United States Senate  
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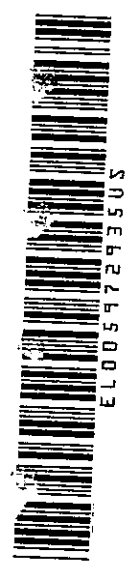
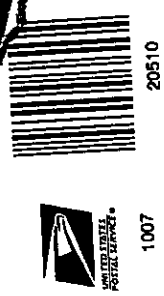
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Name: Eric  
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Scheduled Delivery Date (MM/DD/YYYY)	10/20/13	Employee Signature	
Scheduled Delivery Time	10:30 AM	Employee Signature	
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Return Receipt Fee	\$	Delivery Attempt (MM/DD/YYYY)	Time
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# United States Senate

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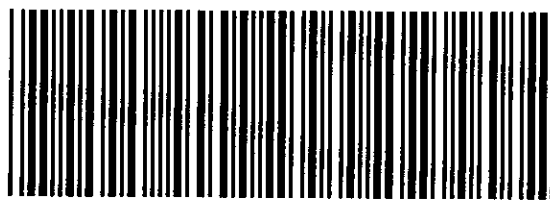
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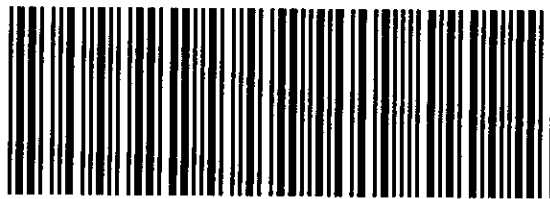
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