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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
MCGOWAN, CHRIS, , ,

(b) Address (number and street) ☐ Check if address changed
PO BOX 207

(c) City, State, and ZIP Code
SIOUX CITY IA 51101

2. Candidate's FEC Identification Number
H6IA04167

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
House

6. State & District of Candidate
IA 04

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
MCGOWAN FOR IOWA

(b) Address (number and street)
PO BOX 207

(c) City, State, and ZIP Code
SIOUX CITY IA 51101

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)
MOTIVATE

(b) Address (number and street)
PO BOX 207

(c) City, State, and ZIP Code
SIOUX CITY IA 51101

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**
MCGOWAN, CHRIS, , ,	06/30/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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)

MCGOWAN-MITCHELL VICTORY COMMITTEE

(b) Address (number and street)

PO BOX 107

(c) City, State, and ZIP Code

CLEAR LAKE IA 50428

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

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