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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MCCLINTOCK, CHARLIE, , ,		
(b) Address (number and street) PO BOX 131		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code ALBURNETT		2. Candidate's FEC Identification Number H6IA02229
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought House	6. State & District of Candidate IA 02	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

CHARLIE MCCLINTOCK FOR CONGRESS

(b) Address (number and street)

PO BOX 131

(c) City, State, and ZIP Code

ALBURNETT

IA 52202

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 MCCLINTOCK, CHARLIE, , ,	Date 09/04/2025
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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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