

2009 NOV 16 AM 9: 54

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>Billy Dale Maske</b>		2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>2894 Truro Road</b>		
(c) City, State, and ZIP Code <b>Truro IA 50257</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>Democratic</b>	5. Office Sought <b>U.S. House</b>	6. State & District of Candidate <b>Iowa 4th District</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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>Maske For Congress</b>
(b) Address (number and street) <b>P.O. Box 20 2894 Truro Road</b>
(c) City, State, and ZIP Code <b>Truro IA 50257</b>

### 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 <b>Bill Maske Bill Maske</b>	Date <b>11-3-09</b>
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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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**Federal Election Commission**  
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 The FEC added this page to the end of this filing to indicate how it was received.

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*EW*

11/16/09

PREPARER  
 (3/2005)

DATE PREPARED

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