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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Trone Garriott, Sarah, , ,		
(b) Address (number and street) 6755 Reed Lane		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code West Des Moines		2. Candidate's FEC Identification Number H6IA03268
4. Party Affiliation DEMOCRATIC 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 03	

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) Sarah for Iowa
(b) Address (number and street) 2813 Virginia Place
(c) City, State, and ZIP Code Des Moines IA 50321

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 Trone Garriott, Sarah, , ,	Date 05/04/2025
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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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