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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) ROBERT JAMES CRAMER													
	(b) Address (number and street) PO BOX 741	☐ Check if address changed						Candidate's FEC Identification Number     H4IA03099						
_	(c) City, State, and ZIP Code	City, State, and ZIP Code						Is This		New		_	Amended	
	GRIMES	IA 50111						Statement		(N)	OR		(A)	
4.	Party Affiliation	5. Office Soug	ght		(	6. State & Distr								
	REPUBLICAN PARTY	House				IA		)3						
	DE	SIGNATIO	N OF PR	INCIP	AL (	CAMPAIGN	V CC	TTIMMC	EE					
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)													
	NOTE: This designation should be filed with the appropriate office listed in the instructions.													
(a) Name of Committee (in full)  CRAMER FOR CONGRESS														
	(b) Address (number and street) PO BOX 741													
	(c) City, State, and ZIP Code													
	GRIMES					IA		50111						
	DE					HORIZED Representative		MMITTE	ES					
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 f	led with the pr	incipal campa	aign com	nmittee	<b>)</b> .								
	(a) Name of Committee (in full)  CRAMER FOR COM	NGRESS												
	(b) Address (number and street) PO BOX 741													
	(c) City, State, and ZIP Code													
	GRIMES					IA		50111						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.														
	gnature of Candidate							е						
R	OBERT JAMES CRAMER			[i	Electro	onically Filed]	02	2/20/2015						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.														
oxdot				1										

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