Image# 201508239000927490

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## STATEMENT OF CANDIDACY

| 1                                             | (a) Name of Candidate (in full)                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------|---------------|------------------|------------------------|--------------|----------|----------|-----------|--|
| 1.                                            | (a) Name of Candidate (in full)  Ben Rollins                                                                                     |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | (b) Address (number and street)                                                                                                  | 2. Candidate's FEC Identification Number |                     |               |                  |                        |              |          |          |           |  |
|                                               | 6 Solar St.                                                                                                                      | ☐ Check if address changed               |                     |               |                  | P60012077              |              |          |          |           |  |
|                                               | (c) City, State, and ZIP Code                                                                                                    |                                          |                     |               |                  | 3. Is This             | New          |          |          | Amended   |  |
|                                               | Iowa City                                                                                                                        |                                          | IA                  | 52240         | )                | Statement              | <b>X</b> (N) | OR       |          | (A)       |  |
| 4.                                            | Party Affiliation                                                                                                                | 5. Office Sought                         |                     |               | 6. State & Dist  | trict of Candidate     |              |          |          |           |  |
|                                               | NPA                                                                                                                              | Presidential                             |                     |               |                  |                        |              |          |          |           |  |
|                                               | DE                                                                                                                               | SIGNATION                                | OF PRI              | NCIPAL        | CAMPAIGI         |                        | E            |          |          |           |  |
| 7.                                            | 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)                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | Ben in 2016                                                                                                                      |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | (h) Address (number and street)                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | <ul><li>(b) Address (number and street)</li><li>6 Solar St.</li></ul>                                                            |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | (c) City, State, and ZIP Code                                                                                                    |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | Iowa City                                                                                                                        |                                          |                     |               | IA               | 52240                  |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               |                                                                                                                                  | 01011471011                              | 0= 0 <del>=</del> 1 | .==           |                  |                        |              |          |          |           |  |
|                                               | DE                                                                                                                               | SIGNATION (                              |                     |               |                  |                        | :5           |          |          |           |  |
| (Including Joint Fundraising Representatives) |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | I hereby authorize the following namcandidacy.                                                                                   | ned committee, whi                       | ich is NOT          | my principa   | al campaign cor  | nmittee, to receive    | and expen    | d funds  | on beh   | alf of my |  |
|                                               | NOTE: This designation should be f                                                                                               | iled with the princip                    | oal campa           | ign committe  | ee.              |                        |              |          |          |           |  |
|                                               | (a) Name of Committee (in full)                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | (1) (1)                                                                                                                          |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | (b) Address (number and street)                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | (c) City, State, and ZIP Code                                                                                                    |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               | I certify that I have exa                                                                                                        | mined this Stateme                       | ent and to          | the best of i | my knowledge a   | and belief it is true, | correct and  | d compl  | ete.     |           |  |
| Sic                                           | -                                                                                                                                |                                          |                     |               |                  | Date                   |              |          |          |           |  |
| Signature of Candidate  Ben Rollins           |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
| De                                            | n Rouns                                                                                                                          |                                          |                     | [Elect        | ronically Filed] | 08/23/2015             |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
|                                               |                                                                                                                                  |                                          |                     |               |                  |                        |              |          |          |           |  |
| NO                                            | OTE: Submission of false, erroneous,                                                                                             | or incomplete info                       | rmation m           | ay subject t  | ne person signir | ng this Statement t    | to penalties | of 2 U.S | S.C. §43 | 87g.      |  |
| NO                                            | OTE: Submission of false, erroneous,                                                                                             | or incomplete info                       | rmation m           | ay subject t  | ne person signii | ng this Statement t    | to penalties | of 2 U.S | S.C. §43 | 37g.      |  |
| NO                                            | OTE: Submission of false, erroneous,                                                                                             | or incomplete info                       | rmation m           | ay subject t  | ne person signii | ng this Statement t    | to penalties | of 2 U.S | S.C. §43 | 37g.      |  |

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