

Image# 202402299622296505

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ERNST, JONI, K, ,			2. Candidate's FEC Identification Number S4IA00129	
(b) Address (number and street) 1003 EASTERN AVENUE		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code RED OAK IA 51566		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate IA		

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) JONI FOR IOWA		
(b) Address (number and street) PO BOX 93441		
(c) City, State, and ZIP Code DES MOINES IA 50393		

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) TEAM JONI		
(b) Address (number and street) PO BOX 93441		
(c) City, State, and ZIP Code DES MOINES IA 50393		

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 ERNST, JONI, , ,	Date 02/29/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

ERNST VICTORY IOWA

(b) Address (number and street)

PO BOX 93441

(c) City, State, and ZIP Code

DES MOINES

IA

50393

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)

JONI'S ROAST AND RIDE

(b) Address (number and street)

PO BOX 93441

(c) City, State, and ZIP Code

DES MOINES

IA

50393

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)

ERNST HAGERTY VICTORY

(b) Address (number and street)

1101 30TH STREET NW STE 390

(c) City, State, and ZIP Code

WASHINGTON

DC

20007

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