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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (| a) Name of Candidate (in full) | | | | | | | | | | |
|--|--|---------------------|--------------|------------------------|------------------|---|-----------------|-----------|---------|---------|--|
| | Melton, Ryan, Michael Appleto | | | | | | | | | | |
| (| (b) Address (number and street) ☐ Check if address 1431 2ND ST | | | | | Candidate's FEC Identification Number H2IA04141 | | | | | |
| (| c) City, State, and ZIP Code | | | | | 3. Is This | New | , | | Amended | |
| NEVADA | | | IA | 5020 | 1 | Stateme | ent (N) | OR | × | (A) | |
| 4. F | Party Affiliation | 5. Office Sough | nt | | 6. State & Dist | trict of Candida | ate | | | | |
| | DEMOCRATIC PARTY | House | | | IA | 04 | | | | | |
| | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIGI | и сомміт | TTEE | | | | |
| 7. I | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | | | | | |
| 1 | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (a) Name of Committee (in full) MELTON FOR IOWA | | | | | | | | | | | |
| (| b) Address (number and street) PO BOX 132 | | | | | | | | | | |
| | c) City, State, and ZIP Code | | | | | | | | | | |
| | NEVADA | | | | IA | 50201 | | | | | |
| | | | | | | | | | | | |
| 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 prin | ncipal campa | aign committ | ee. | | | | | | |
| | | | | | | | | | | | |
| (| a) Name of Committee (in full) | | | | | | | | | | |
| | b) Address (number and street) | | | | | | | | | | |
| ` | | | | | | | | | | | |
| (| c) City, State, and ZIP Code | | | | | | | | | | |
| | | | | | | | | | | | |
| | I certify that I have exa | nmined this State | ement and to | the best of | my knowledge a | and belief it is t | true, correct a | nd compl | ete. | | |
| Signature of Candidate | | | | | | Date | | | | | |
| Melton, Ryan, Michael Appleton, , | | | | [Electronically Filed] | | | 07/04/2023 | | | | |
| NO | FE: Submission of false, erroneous | , or incomplete i | nformation n | nay subject | he person signii | ng this Statem | ent to penaltie | s of 2 U. | S.C. §4 | 37g. | |
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FEC FORM 2 (REV. 02/2009)