icon next to each line number.

14031180532

FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED

4 4-2 10-24					<u> </u>	3-5 AFIII:
(a) Name of Candidate (in full) Monte Shaw					FEC	MAIL CENTE
(b) Address (number and street) 4315 Timberwood Drive	Check if address changed	d	2. Identification I			
(c) City, State, and ZIP Code West Des Moines, IA 50	0265		Is This Statement	√ (N)	OR	Amended (A)
Party Affiliation Republican	5. Office Sought U.S. Congress	6. State & Distr	ict of Candidate d District			
· · · · · · · · · · · · · · · · · · ·	ESIGNATION OF PRINCIPAL	L CAMPAIGN	COMMITTE	E		
7. I hereby designate the following na	med political committee as my Principal	I Campaign Comm		2014 of election	_ election	n(s).
NOTE: This designation should be	filed with the appropriate office listed in	the instructions.	(902)	Of Ciccuon	,	
(a) Name of Committee (in full)						
lowans for Shaw, I	nc.					
(b) Address (number and street)						
4315 Timberwood	Drive					
(c) City, State, and ZIP Code						
West Des Moines	, IA 50265					
	ESIGNATION OF OTHER AU (Including Joint Fundraisi med committee, which is NOT my princi	ing Representative	es)		d funds (on behalf of my
candidacy.						
NOTE: This designation should be	filed with the principal campaign commi	ttee.				
NOTE: This designation should be (a) Name of Committee (in full)	filed with the principal campaign commi	ttee.				
(a) Name of Committee (in full)	filed with the principal campaign commi	ttee.				
<u> </u>	filed with the principal campaign commi	ttee.				
(a) Name of Committee (in full)	filed with the principal campaign commi	ttee.				
(a) Name of Committee (in full) (b) Address (number and street)	filed with the principal campaign commi	ttee.				
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	filed with the principal campaign commi		nd belief it is true,	correct and	l comple	ite.
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			nd belief it is true,	coπect and	l comple	te.
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code						te.
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have expected to the control of Candidate		f my knowledge al	/- 29	-20	14	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have expected to the control of Candidate	amined this Statement and to the best o	f my knowledge al	/- 29	-20	14	

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ns, 1A 50265 berwood Dr

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