FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Desmund Douglas Adams								
	(b) Address (number and street) P.O. Box 878	☐ Check if address changed			Candidate's FEC Identification Number H6IA03235				
	(c) City, State, and ZIP Code					lew	Amended		
	Des Moines		IA	5030	4	Statement X (N	N) OR	(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	DEMOCRATIC PARTY	House			IA	03			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
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)								
	Adams for Congress	3							
	(b) Address (number and street) P.O. Box 878								
	(c) City, State, and ZIP Code								
	Des Moines				IA	50304			
	Dec Monies								
(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)									
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
	Logitify that I have eva	mined this State	oment and to	the hest of	my knowledge a	and belief it is true, correct	t and complete		
	·	mineu iins siali	omoni anu l	, trie nest Of	тту кломівиде а		and complete		
	gnature of Candidate					Date			
D	esmund Douglas Adams			[Elec	tronically Filed]	07/01/2015			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									

FEC FORM 2 (REV. 02/2009)