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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Graham, Kimberly, , ,  (b) Address (number and street)					2. Candidate's FEC Identification Number				
	P.O. Box 103					S0IA00168				
	City, State, and ZIP Code					3. Is This	New	Amer	nded	
	Indianola	IA 50125				Statement X	(N) OR	(A)		
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug Senate	ht		6. State & Dist	rict of Candidate 00				
_	DEMOCRATIC PARTY	Seriale			IA					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)									
	Kimberly for Iowa									
	(b) Address (number and street) P.O. Box 103									
	(c) City, State, and ZIP Code									
	Indianola				IA	50125				
	Ilidialiola				17 (	00120				
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)										
(b) Address (number and street)										
	(1)									
(c) City, State, and ZIP Code										
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, corr	ect and comple	ete.		
	gnature of Candidate					Date				
G	raham, Kimberly, , ,	[Electronically Filed]				05/31/2019				
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)