

Image# 202404269636745710

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|---------------------------|--|
| 1. (a) Name of Candidate (in full) Baccam, Lanon, , , | | 2. Candidate's FEC Identification Number H4IA03172 |
| (b) Address (number and street) 541 44th St | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Des Moines IA 50312 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate IA 03 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Baccam for Iowa | | |
| (b) Address (number and street) 2813 Virginia Pl | | |
| (c) City, State, and ZIP Code Des Moines IA 50321 | | |

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) Serve America Victory Fund | | |
| (b) Address (number and street) PO Box 2013 | | |
| (c) City, State, and ZIP Code Salem MA 01970 | | |

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 Baccam, Lanon, , , | Date 04/26/2024 |
|--|--------------------|

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)

Blue to the Future

(b) Address (number and street)

430 S Capitol St SE
2nd Floor

(c) City, State, and ZIP Code

Washington DC 20003

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)

House Victory Project 2024

(b) Address (number and street)

600 Pennsylvania Ave SE #15180

(c) City, State, and ZIP Code

Washington DC 20003

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Blue to the Future 2024

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430 S Capitol St SE
2nd Floor

(c) City, State, and ZIP Code

Washington DC 20003

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(b) Address (number and street)

(c) City, State, and ZIP Code