

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2008 JAN -7 AM 9:27

1. (a) Name of Candidate (in full)

ED FALLON

(b) Address (number and street)

752 16TH ST

☒ Check if address changed

2. Identification Number

(c) City, State, and ZIP Code

DES MOINES, IA 50314

3. Is This Statement ☒ New (N) OR ☐ Amended (A)

4. Party Affiliation

DEM

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 2008 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)

FALLON FOR CONGRESS COMMITTEE

(b) Address (number and street)

P.O. Box 7145

(c) City, State, and ZIP Code

DES MOINES, IA 50309

**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)

(c) City, State, and ZIP Code

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A

0.00

for the primary election, and

9B

0.00

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Ed Fallon

Date

12-30-07

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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Federal Election Commission  
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(3/2005)

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