

FEC FORM 2

STATEMENT OF CANDIDACY

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16 MAR 28 AM 4:15

1. (a) Name of Candidate (in full) Dr. Aliza Michael Luick-Thrams			2. Candidate's FEC Identification Number		
(b) Address (number and street) 434 22nd St SW			☐ Check if address changed		
(c) City, State, and ZIP Code Mason City IA 50401			3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation NONE	5. Office Sought Senate	6. State & District of Candidate IA 00			

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Friends of Michael Luick-Thrams		
(b) Address (number and street) 434 22nd St SW		
(c) City, State, and ZIP Code Mason City IA 50401		

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

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

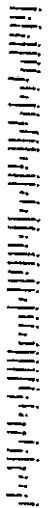
Signature of Candidate Dr. Aliza Michael Luick-Thra	Date 03/21/2016
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Mason City, Iowa
50401

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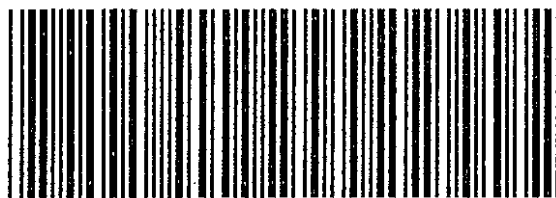
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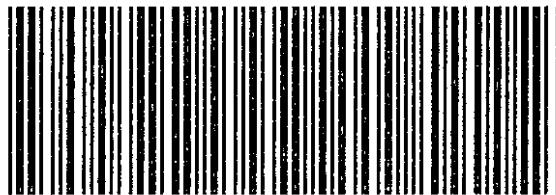
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