Image# 202110149467253861 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Franken, Michael, T, ,	hadi if1-2		O Condidate - FFO ! !	estification Number				
	(b) Address (number and street) ☐ Check if address cha 617 Pierce Street #306				2. Candidate's FEC Identification Number S2IA00172				
	(c) City, State, and ZIP Code					3. Is This N	ew Amended		
	Sioux City		IA	5110	1	Statement (N	I) OR (A)		
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	DEMOCRATIC PARTY	Senate			IA	00		_	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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)								
Michael Franken for Iowa, Inc									
_	(b) Address (number and street)							—	
	PO Box 13401								
	(c) City, State, and ZIP Code								
	Des Moines				IA	50310			
								_	
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	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)									
(b) Address (number and street)									
(c) City, State, and ZIP Code									
								_	
	-	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	and complete.		
	gnature of Candidate					Date		_	
Fi	ranken, Michael, T, ,			[Elec	tronically Filed]	10/14/2021			
				2					
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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FEC FORM 2 (REV. 02/2009)