## 15051081864

## FEC FORM 2

## **STATEMENT OF CANDIDACY**

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2013 JUL -5 AM 10: 16

| 1. (a) Name of Candidate (in full)  |                                    |                |                              |          |  |          | FEC      | MAI      |         | NTER              |  |
|---|------------------------------------|----------------|------------------------------|----------|--|----------|----------|----------|---------|-------------------|--|
| Staci Appel   |                                    |                |                              |          |  |          |          | ייאון    | した      | NIER              |  |
| (b) Address (number and street)<br>10901 180th Ave.   | reet)                              |                |                              |          | 2. Candidate's FEC Identification Number |          |          |          |         |                   |  |
| (c) City, State, and ZIP Code   |                                    |                |                              | 3.       | Is This                                  | 1 44     | New      |          | j - 144 | Amended           |  |
| Ackworth, IA 50001  |                                    |                |                              |          | Stateme                                  | nt 🚚     | (N)      | OR       |         | (A)               |  |
| 4. Party Affiliation  | 5. Office Sought 6. State & Distri |                |                              |          |  | e        |          |          |         |                   |  |
| Democrat  | House of Representative            | ves            | Iowa - 3rd D                 | District |  |          |          |          |         |                   |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s). |                                    |                |                              |          |  |          |          |          |         |                   |  |
| NOTE: This designation should be fi   | iled with the appropriate offic    | e listed in th | e instructions.              |          | ()                                       | ear of   | election | )        |         |                   |  |
| (a) Name of Committee (in full)   |                                    |                |                              |          |  |          |          |          |         |                   |  |
| Appel For Iowa, Inc.  |                                    |                |                              |          |  |          |          |          |         |                   |  |
| (b) Address (number and street)   |                                    |                |                              |          |  |          | _        |          |         |                   |  |
| p.o. Box 702  |                                    |                |                              |          |  |          |          |          |         |                   |  |
| (c) City, State, and ZIP Code   |                                    |                |                              |          |  |          |          |          |         |                   |  |
| Des Moines, IA 50303  |                                    |                |                              |          |  |          |          |          |         |                   |  |
| DE .  | SIGNATION OF OTH                   |                | THORIZED (<br>Representative |          | MMITT                                    | EES      |          |          |         |                   |  |
| I hereby authorize the following name candidacy.  | ned committee, which is NOT        | my principa    | al campaign com              | mitte    | ee, to rece                              | eive and | l expen  | d funds  | on ber  | nalf of my        |  |
| NOTE: This designation should be f  | iled with the principal campai     | ign committe   | e.                           |          |  |          |          |          |         |                   |  |
| (a) Name of Cemmittee (in full)   |                                    | .,             |                              |          |  |          | _        |          |         |                   |  |
| (b) Address (number and street)   |                                    |                |                              |          |  |          |          |          |         |                   |  |
| (e) rearess (names and street)  |                                    |                |                              |          |  |          |          |          |         |                   |  |
| (c) City, State, and ZIP Code   |                                    |                |                              |          |  |          |          |          |         |                   |  |
| ·   |                                    |                |                              |          |  |          |          |          |         |                   |  |
| I certify that I have exa   | mined this Statement and to        | the best of    | my knowledge ai              | nd b     | elief it is tr                           | ue, con  | rect and | d compl  | ete.    |                   |  |
| Signature of Gandidate  |                                    |                |                              |          | Date ·                                   |          |          |          |         |                   |  |
| <u> </u>  |                                    |                |                              |          | 7/3/2013                                 |          |          |          |         |                   |  |
| NOTE: Submission of talse, erroneous,   | , or incomplete information m      | ay subject t   | ne person signin             | g thi    | s Stateme                                | nt to pe | enalties | of 2 U.S | S.C. §4 | 37 <del>g</del> . |  |
|   |                                    |                |                              |          |  |          |          |          |         |                   |  |
|   |                                    |                |                              |          |  |          |          |          |         |                   |  |
|   | <del></del>                        |                | <u> </u>                     |          |  |          |          | FE       | C FORM  | 2 (REV. 02/2009)  |  |

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(3/2005)