## FEC FORM 2 STATEMENT OF CANDIDACY

					_	_		_		
(a) Name of Candidate (in full)										
Jay Edward Brown (b) Address (number and street) 1204 Orchard Dr	☐ Check if address changed	l -		EC Cand 848614		Ide	entifica	tion Nu	mber	<del></del>
(c) City. State, and ZIP Code Ames, Iowa 50010		3		ls This Stateme	nt 2		New (N)	OR		Amended (A)
4. Party Affiliation Democrat	5. Office Sought US Congress	6. State & District lowa, 4th distri			te					
DE	SIGNATION OF PRINCIPAL	CAMPAIGN C	CC	MMIT	TEE	:				·
7. I hereby designate the following na	med political committee as my Principal (	Campaign Committe	ee	for the 2	2024		_	_ electio	n(s).	
NOTE: This designation should be	filed with the appropriate office listed in the	ne instructions.		()	year o	of e	lection	1)		
(a) Name of Committee (in full)			-	<del></del> -						
Jay Brown for C	Congress									
(b) Address (number and street)										
1204 Orchard D	<u>)r                                    </u>									
(c) City. State, and ZIP Code										
Ames, Iowa 500	)10	•								
candidacy.	(Including Joint Fundraisin med committee, which is NOT my princip filed with the principal campaign committed.)	al campaign commi		e, to rece	eive a	nd	expen	d funds	on beł	nalf of my
									207	
(a) Name of Committee (in full)									20/3 AUG	FT C
	·								. 9II	
(b) Address (number and street)									0	言位
									<u> </u>	
(c) City, State, and ZIP Code				-	_				12: 56	TER .
I certify that I have exa	mined this Statement and to the best of i	my knowledge and	be	lief it ıs tr	rue, c	orre	ect and	d compl		
Signature of Campidate		D	Date	Der	) •	<u> </u>	1,	Ze	ئد	>
NOTE: Submission of false, erroneous	s, or incomplete information may subject	the person signing t	this	s Stateme	ent to	pe	nalties	ol 52 L	I.S.C. §	§30109.
9-00068	<del></del>							FE	C FORM	12 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	0	f	_

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

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 hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : 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 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 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

NOWN CON MO CAN COUNTY

**McFarland Clinic** 

1215 Duff Ave. P.O. Box 3014 Ames, IA 50010

ZIP 50010 011E12650719.

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