FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)								
Schafer, William, , ,								
(b) Address (number and street) 4382 Keokuk Street	□ Check if addres	2. Candidate's FEC Identification Number H0IA03204						
(c) City, State, and ZIP Code	3. Is This	Ne	N	A	Amended			
Prole	IA	Statement	X (N)	OR	(,	A)		
4. Party Affiliation	5. Office Sought			ict of Candidate				
REPUBLICAN PARTY	House		IA	03				
DE	SIGNATION OF PRI	NCIPAL	CAMPAIGN		EE			
7. I hereby designate the following nar	ned political committee as m	y Principal (Campaign Comm		2020 ar of elect	electic	on(s).	
NOTE: This designation should be f	iled with the appropriate offic	e listed in th	ne instructions.					
(a) Name of Committee (in full) Bill Schafer for Cong	gress							
(b) Address (number and street) PO Box 681								
(c) City, State, and ZIP Code								
Indianola			IA	50125				
 8. I hereby authorize the following name candidacy. NOTE: This designation should be f (a) Name of Committee (in full) 	ned committee, which is NOT	my principa			ve and exp	end funds	on beha	lf of my
(b) Address (number and street)								
(c) City, State, and ZIP Code								
I certify that I have exa	mined this Statement and to	the best of	my knowledge a	nd belief it is true	e, correct a	and comple	ete.	
Signature of Candidate				Date				
Schafer, William, , , [Electronically Filed]				06/13/2019				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
						FEC	CFORM 2 ((REV. 02/2009)