FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|---|--------------|-------|-----------------|------------------------|------------|----|---------|------------------|--|
| | Limon, Tracy, L, , | | eck if addre | | | | | | | | |
| | (b) Address (number and street) 2325 Farwell Rd | 2. Candidate's FEC Identification Number H4IA03156 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | s N | lew | | Amended | | |
| | Des Moines IA 50 | | | | 7 | Statement X (N) OR (A) | | | | | |
| 4. | Party Affiliation | 5. Office Sough | ıt | | 6. State & Dist | rict of Candie | date | | | | |
| | DEMOCRATIC PARTY | House | | | IA | 03 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election(s). | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | Freedom to Be | | | | | | | | | | |
| | (b) Address (number and street) 2325 Farwell Rd | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Des Moines | | | | IA | 50317 | 7 | | | | |
| | | | | | | | | | | | |
| (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. | | | | | | | | | | | |
| Si | ignature of Candidate | | | | | Date | | | | | |
| | Limon, Tracy, , , [Electronically Filed] | | | | | | 03/16/2023 | | | | |
| | | | | [Elec | tronicauy Fueaj | 00,10,20 | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| <u> </u> | 1 1 | ı — — — — — | | 1 | | | 1 | FF | C FORM | 2 (REV. 02/2009) | |