

Image# 201611169037145227

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) LUETKEMEYER, W BLAINE, , ,			2. Candidate's FEC Identification Number H8MO09153	
(b) Address (number and street) 215 MAIN STREET		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ST ELIZABETH MO 65075		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation Rep	5. Office Sought House	6. State & District of Candidate MO 03		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) BLAINE FOR CONGRESS		
(b) Address (number and street) PO BOX 98		
(c) City, State, and ZIP Code St. Elizabeth MO 65075		

DESIGNATION OF OTHER AUTHORIZED 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) BLAINE FOR CONGRESS 2008		
(b) Address (number and street) P.O. BOX 25		
(c) City, State, and ZIP Code HOLTS SUMMIT MO 65043		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate LUETKEMEYER, W BLAINE, , , <i>[Electronically Filed]</i>	Date 11/16/2016
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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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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

INSURING OUR FUTURE

(b) Address (number and street)

824 S Milledge Ave.
Suite 101

(c) City, State and ZIP Code

Athens

GA

30605

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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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

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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(b) Address (number and street)

(c) City, State and ZIP Code