

FEC FORM 2
STATEMENT OF CANDIDACY

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PAGE 1 / 1

1. (a) Name of Candidate (in full) Cleaver II, Emanuel, , ,		
(b) Address (number and street) 8217 E Gregory Blvd		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Kansas City MO 64133-6325		2. Candidate's FEC Identification Number H4MO05234
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate MO 05		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) CLEAVER FOR CONGRESS		
(b) Address (number and street) 4801 Main Street, Suite 1000		
(c) City, State, and ZIP Code Kansas City MO 64112		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

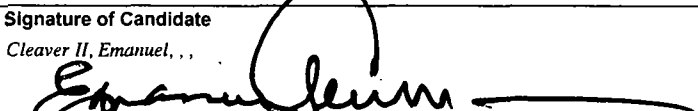
(Including Joint Fundraising Representatives)

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)		
(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.

Signature of Candidate Cleaver II, Emanuel, , , 	Date 03/21/2019
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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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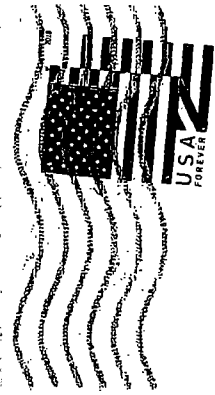
PO Box 411872
Kansas City, MO 64141-1872
CleaverForCongress.com



Paid for by Cleaver for Congress, Donna M. Wilson, Treasurer

INSURANCE AND TOWN TION
KANSAS CITY 640

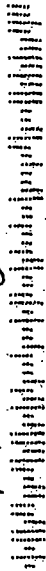
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999 E STREET, NW
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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	3/29/19 DATE PREPARED

(3/2015)