

Image# 29991907632

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Lynn Jenkins

(b) Address (number and street)

5940 S. W. Clarion Lane

(c) City, State and ZIP Code

Topeka KS 66610

Check if address changed

2. Identification Number

H8KS02090

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation

REPUBLICAN PARTY

5. Office Sought

House

6. State & District of Candidate

KS 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)

Lynn Jenkins for Congress

(b) Address (number and street)

P.O. Box 1441

(c) City, State and ZIP Code

Topeka KS 66601

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)

Friends of Lynn Jenkins

(b) Address (number and street)

228 S. Washington St. Suite 115

(c) City, State and ZIP Code

Alexandria VA 22314

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A for the primary election, and

9B for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Lynn Jenkins

Date

04/08/2009

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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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)

Lynn Jenkins Kansas Trust

(b) Address (number and street)

1251 Dartmouth Court

(c) City, State and ZIP Code

Alexandria

22314

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)

HOUSE REPUBLICAN FRESHMEN 2009

(b) Address (number and street)

PO BOX 2719

(c) City, State and ZIP Code

WASHINGTON

20013