

Image# 201707259069811033

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|---------------------------|--|
| 1. (a) Name of Candidate (in full) jennings, Vince, d, 1955, | | 2. Candidate's FEC Identification Number H8MO07181 |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed 907 B South Golden In | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code Marionville MO 65705 | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MO 07 |

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) Jennings for Congress | |
| (b) Address (number and street) 907 B South Golden In | |
| (c) City, State, and ZIP Code Marionville MO 65705 | |

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 Jennings, Vince, , , <div style="text-align: right;"><i>[Electronically Filed]</i></div> | Date 07/25/2017 |
|--|---------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|