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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Grissom, Barry, , ,										
	) Address (number and street)					Candidate's FEC Identification Number     S0KS00232					
	(c) City, State, and ZIP Code					3. Is This		ew	Ar	nended	
	Mission KS 66202				2	Statem	nent 🗶 (N	l) OR	(A	.)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candid	date				
	DEMOCRATIC PARTY	Senate			KS	00					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
Grissom for U.S. Senate											
	(b) Address (number and street)									-	
	PO Box 1306										
	6029 Broadoor Street										
	(c) City, State, and ZIP Code										
	Mission				KS	66202	2				
<ul> <li>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.</li> <li>NOTE: This designation should be filed with the principal campaign committee.</li> <li>(a) Name of Committee (in full)</li> <li>(b) Address (number and street)</li> <li>(c) City, State, and ZIP Code</li> </ul>											
_	Loortify that Lhave eve	aminad this Stateme	ent and to t	he hest of l	my knowledge s	and haliaf it is	true correct	and comp	loto		
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						Date				•	
G.	rissom, Barry, , ,			[Elect	ronically Filed]	07/01/20	19				
NO	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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