

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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|                                                               |                                  |                                                                                 |                          |  |
|---------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------|--------------------------|--|
| 1. (a) Name of Candidate (in full)<br><u>David R Browning</u> |                                  |                                                                                 | 2. Identification Number |  |
| (b) Address (number and street)<br><u>2715 South Gardner</u>  |                                  | <input type="checkbox"/> Check if address changed                               |                          |  |
| (c) City, State, and ZIP Code<br><u>Peck Grove Mo 64075</u>   |                                  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR Amended (A) |                          |  |
| 4. Party Affiliation<br><u>Lib</u>                            | 5. Office Sought<br><u>House</u> | 6. State & District of Candidate<br><u>Mo 6th</u>                               |                          |  |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 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)<br><u>David's Friends</u>     |  |
| (b) Address (number and street)<br><u>103 South Peck Rd</u>   |  |
| (c) City, State, and ZIP Code<br><u>Independence Mo 64056</u> |  |

**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   |

**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 | , | , | .00 | for the primary election, and |
| 9B | , | , | .00 | 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<br><u>[Signature]</u> | Date<br><u>3 4 2008</u> |
|----------------------------------------------|-------------------------|

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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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                  |                               |
|----------------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                          | Date of Receipt               |
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| <input type="checkbox"/> No Postmark                                             |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
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| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked |

|                                                                                                                    |                                 |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <br><b>PREPARER</b><br>(3/2005) | 3/12/08<br><b>DATE PREPARED</b> |
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