

Image# 201604119012292182

PAGE 1 / 1

# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                           |                           |                                           |                                                                                                          |  |  |
|-----------------------------------------------------------|---------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|--|--|
| 1. (a) Name of Candidate (in full)<br>Mrs Doanita Simmons |                           |                                           | 2. Candidate's FEC Identification Number<br>H6MO03325                                                    |  |  |
| (b) Address (number and street)<br>4 Apollo Ct            |                           |                                           | <input type="checkbox"/> Check if address changed                                                        |  |  |
| (c) City, State, and ZIP Code<br>St Peters MO 63376       |                           |                                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |  |  |
| 4. Party Affiliation<br>CON                               | 5. Office Sought<br>House | 6. State & District of Candidate<br>MO 03 |                                                                                                          |  |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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>REAN-Doanita Simmons |  |  |
| (b) Address (number and street)<br>4 Apollo Ct          |  |  |
| (c) City, State, and ZIP Code<br>St Peters MO 63376     |  |  |

### 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<br>Doanita Simmons | Date<br>04/11/2016 |
| [Electronically Filed]                    |                    |

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

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