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FEC FORM 2

STATEMENT OF CANDIDACY

| 1 | (a) Nama | of Condidate | (in full) | | | | | | | | | | | |
|--|--|--|---------------|----------------|----------------|------------|--------------------|------------------|--|---------|---------|------|---------|--|
| ١. | | of Candidate | | | | | | | | | | | | |
| | | Hartzler, Vicky, J, , a) Address (number and street) ☐ Check if address changed | | | | | | | 2. Candidate's FEC Identification Number | | | | | |
| | | ox 531 | id Street) | | TICCK II AGGIC | S2MO00593 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | 3. Is This | | New | | | Amended | |
| | Harrisonville | | | | M | 647 | 01 | Staten | nent X | (N) | OR | | (A) | |
| 4. | Party Affil | iation | | 5. Office Soug | ght | | 6. State & Dis | trict of Candid | date | | | | | |
| | REPUBL | ICAN PART | Y | Senate | | | MO | 00 | | | | | | |
| | | | DE | SIGNATIC | N OF PR | INCIPAL | . CAMPAIG | N COMM | ITTEE | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) | | | | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | | | | |
| | (a) Name of Committee (in full) VICKY HARTZLER FOR SENATE | | | | | | | | | | | | | |
| | (b) Address (number and street) PO BOX 531 | | | | | | | | | | | | | |
| | (c) City, S | (c) City, State, and ZIP Code | | | | | | | | | | | | |
| | HARRISONVILLE | | | | | | MO | MO 64701-0531 | | | | | | |
| | | | | | | | | | | | | | | |
| | | | DE | SIGNATIO | N OF OT | | TUODIZED | COMMIT | TEES | | | | | |
| 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 | e (in full) | | | | | | | | | | | |
| | (-, | | , | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | I certify the | at I have exa | mined this Sta | tement and to | the best o | my knowledge a | and belief it is | s true, cori | ect and | d compl | ete. | | |
| Signature of Candidate Date | | | | | | | | | | | | | | |
| Hartzler Vicky I | | | | | | | | aı 06/11/2021 | | | | | | |
| | | | | | | [Elec | ctronically Filed] | | | | | | | |
| NC | 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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FEC FORM 2 (REV. 02/2009)