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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Coleman, Mary, Elizabeth, ,		
(b) Address (number and street) 1020 Sable Lane		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Arnold MO 63010		2. Candidate's FEC Identification Number H4MO03213
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate MO 03		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Coleman for Missouri		
(b) Address (number and street) 8000 Maryland Avenue Suite 1120		
(c) City, State, and ZIP Code Clayton MO 63105		

### 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 Coleman, Mary, Elizabeth, ,	Date 01/06/2024
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**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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