

# FEC FORM 2

## STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>Kathryn Gail Ellis</u>			2. FEC Candidate Identification Number <u>C00701730</u>		
(b) Address (number and street) <u>208 Barrington Place,</u>			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code <u>Festus, MO 63028</u>			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation <u>Democrat</u>		5. Office Sought <u>Representative</u>		6. State & District of Candidate <u>Missouri 8th Congressional District</u>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) <u>Ellis for Congress</u>	
(b) Address (number and street) <u>P.O. Box 580, Festus, MO 63028</u>	
(c) City, State, and ZIP Code	

### 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 <u>Kathryn G Ellis</u>	Date <u>5/14/19</u>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

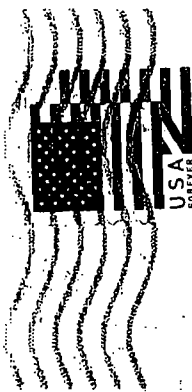
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UNITED STATES

K. Ellis  
208 Barrington Place  
Festus, MO 63028

SAINT LOUIS MO 631

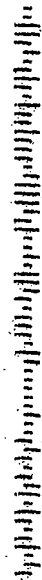
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	5-20-19 DATE PREPARED

(3/2015)

2019-05-203-00278271