

Image# 201904189149524289

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Graves, Samuel, B., , Jr.			2. Candidate's FEC Identification Number HOMO06073	
(b) Address (number and street) 19181 State Highway O		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Tarkio MO 64491-9209		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MO 06		

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) Graves for Congress		
(b) Address (number and street) 2345 Grand Blvd Ste 2400		
(c) City, State, and ZIP Code Kansas City MO 64108-2642		

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) Show-Me Political Action Committee		
(b) Address (number and street) 2345 Grand Blvd Ste 2400		
(c) City, State, and ZIP Code Kansas City MO 64108-2642		

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 Graves, Samuel, B., , Jr. <i>[Electronically Filed]</i>	Date 04/18/2019
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Sam Graves Victory Fund

(b) Address (number and street)

2345 Grand Blvd
Ste 2400

(c) City, State, and ZIP Code

Kansas City MO 64108-2642

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code