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FEC FORM 2

STATEMENT OF CANDIDACY

							=	
1.	(a) Name of Candidate (in full)							
	CRAIN, JO, , , (b) Address (number and street) □ Check if address changed					2. Candidate's FEC Identification Number	_	
	(b) Address (number and street) 3527 FOREST AVE	□ Cneck i	r address	cnanged		S8MO00327		
	(c) City, State, and ZIP Code					3. Is This New Amended	_	
_	KANSAS CITY		МО	64109	-	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Sought				rict of Candidate		
	GREEN PARTY	Senate			MO	00		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 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) JO CRAIN FOR US SENATE FROM MISSOURI								
	(b) Address (number and street) 3527 FOREST AVE.							
	(c) City, State, and ZIP Code						_	
	KANSAS CITY				МО	64109		
	DE	SIGNATION O	F OTHE	ER AU1	ΓHORIZED	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)								
	(la) A dalaga a a faccioni.						_	
	(b) Address (number and street)							
(c) City, State, and ZIP Code								
	•							
							_	
	I certify that I have exa	mined this Statemen	t and to th	e best of i	my knowledge a	and belief it is true, correct and complete.	_	
Si	gnature of Candidate					Date	-	
	rain, Jo, , ,					44/40/0040		
				[Elect	ronically Filed]	11/13/2010		
							_	
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)