

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

# FEC FORM 2

## STATEMENT OF CANDIDACY

2004 MAR 31 A 10 57

1. (a) Name of Candidate (in full) <b>IAN COFRAN</b>		2. Identification Number
(b) Address (number and street) <b>1000 W. 70th St</b>		3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <b>KANSAS CITY MO 64113</b>		
4. Party Affiliation <b>DEM</b>	5. Office Sought <b>HOUSE</b>	6. State & District of Candidate <b>5</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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)  
**COFRAN FOR CONGRESS**

(b) Address (number and street)  
**5700 ROCK HILL**

(c) City, State, and ZIP Code  
**KANSAS CITY MO 64110**

### 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 candidate.

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

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 100.9) by

GA	<input type="checkbox"/>	for the primary election, and
SB	<input checked="" type="checkbox"/>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0" for each.

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 	Date <b>MAR 23 2004</b>
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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. 6437g.

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OFFICE OF THE SECRETARY OF STATE  
CANDIDATE FILING RECEIPT

Name of Candidate: \_\_\_\_\_  
Party: \_\_\_\_\_  
Office: \_\_\_\_\_  
Date: \_\_\_\_\_

Amount Received: \_\_\_\_\_  
Source: \_\_\_\_\_  
Date: \_\_\_\_\_

Name of Contributor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_  
Party: \_\_\_\_\_  
Office: \_\_\_\_\_  
Date: \_\_\_\_\_

Name of Contributor: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name of Candidate: \_\_\_\_\_  
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Address: \_\_\_\_\_  
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State: \_\_\_\_\_  
Zip: \_\_\_\_\_

OFFICE OF SECRETARY OF STATE  
LANDING RECEIPT

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Signature: \_\_\_\_\_

COPIES OF THIS RECEIPT ARE TO BE  
MAINTAINED IN THE OFFICE OF THE  
SECRETARY OF STATE AND IN THE  
OFFICE OF THE SECRETARY OF THE  
NAVY.

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>3-30-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>1/1</i>	<i>3-31-04</i>
PREPARER	DATE PREPARED

(2/2004)