

2010 JUL 15 AM 11:30

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
John Wayne Tucker

(b) Address (number and street) Check if address changed
1494 Fox Ridge Ct.

(c) City, State, and ZIP Code
Arnold, MO 63010

2. Identification Number
C00480111

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation
Republican

5. Office Sought
U.S. House of Representatives

6. State & District of Candidate
MO District 3

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)
The Committee to Elect John Wayne Tucker

(b) Address (number and street)
1243 Water Tower Place, Suite 320

(c) City, State, and ZIP Code
Arnold, MO 63010

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)
NONE

(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. 400.9) by

9A for the primary election, and

9B for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" 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
John Wayne Tucker

Date
7/8/2010

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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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EW

7/15/10

PREPARER
(3/2005)

DATE PREPARED

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