

08 FEB 14 PM 12:33

FEC FORM 2 STATEMENT OF CANDIDACY

| | | |
|---|-----------------------------------|--|
| 1. (a) Name of Candidate (in full) Leroy Dean Jones | | 2. Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed P O Box 12601 | | |
| (c) City, State, and ZIP Code OVERLAND PARK, KS 66282 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation DEMOCRAT | 5. Office Sought SENATE | 6. State & District of Candidate KANSAS |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 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) Lee Jones For Senate |
| (b) Address (number and street) PO Box 12601 |
| (c) City, State, and ZIP Code OVERLAND PARK, KS 66282 |

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) N/A |
| (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 Lee Jones | Date 02/09/08 |
|--|-------------------------|

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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EXTREMELY URGENT



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MAIL ENVELOPE

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SHANNEE MISSION, KS
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ORIGIN (POSTAL SERVICE USE ONLY)

| | | | |
|--|---|----------------------|---------------|
| PO ZIP Code | Day of Delivery | Postage | Insurance Fee |
| | Thurs <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st | \$ | \$ |
| Date Accepted | Scheduled Date of Delivery | Return Receipt Fee | |
| Mo. Day Year | Month Day Year | \$ | |
| Time Accepted | Scheduled Time of Delivery | COD Fee | |
| AM <input type="checkbox"/> PM <input type="checkbox"/> | Midnight <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> | \$ | |
| Flat Rate <input type="checkbox"/> or Weight | Military <input type="checkbox"/> | Total Postage & Fees | |
| 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | Int'l Alpha Country Code | \$ | |
| 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | Acceptance Emp. Initials | | |

UNITED STATES POSTAL SERVICE



Post Office To Addressee

| | | |
|------------------|---|--------------------|
| Delivery Attempt | Time | Employee Signature |
| No. Day | AM <input type="checkbox"/> PM <input type="checkbox"/> | |
| Delivery Attempt | Time | Employee Signature |
| No. Day | AM <input type="checkbox"/> PM <input type="checkbox"/> | |
| Delivery Date | Time | Employee Signature |
| No. Day | AM <input type="checkbox"/> PM <input type="checkbox"/> | |

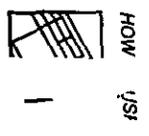
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Additional merchandise insurance is void if customer requests waiver of signature. If customer does not make without obtaining signature of addressee, the carrier will not be held responsible for loss or damage to contents. The addressee's signature is required for delivery. Signature of carrier or addressee that article can be left in secure location and is not to be delivered to addressee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday Mailer Signature

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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
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Postmark

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 02-11-08
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

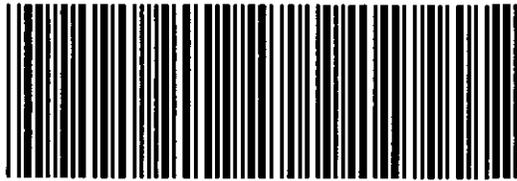
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Date of Receipt

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PREPARER RD DATE PREPARED 02-14-08

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