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PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ROSS, GENA L, , Dr,		
(b) Address (number and street) 13759 POST OAK LANE		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code PLATTE CITY		MO 64079
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MO 06
2. Candidate's FEC Identification Number H0MO06222		
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)		

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)

GENA ROSS FOR CONGRESS CANDIDATE

(b) Address (number and street)
13759 POST OAK LANE

(c) City, State, and ZIP Code

PLATTE CITY MO 64079

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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 Ross, Gena, L, Dr,	Date 10/26/2020
<i>[Electronically Filed]</i>	

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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